

2008

Exploring the Pap smear experiences of women aged 18 to 25 : Moving from intention to action

Gemma Malatesta
Edith Cowan University

Follow this and additional works at: https://ro.ecu.edu.au/theses_hons



Part of the [Health Psychology Commons](#), and the [Women's Health Commons](#)

Recommended Citation

Malatesta, G. (2008). *Exploring the Pap smear experiences of women aged 18 to 25 : Moving from intention to action*. https://ro.ecu.edu.au/theses_hons/1091

This Thesis is posted at Research Online.
https://ro.ecu.edu.au/theses_hons/1091

Edith Cowan University

Copyright Warning

You may print or download ONE copy of this document for the purpose of your own research or study.

The University does not authorize you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site.

You are reminded of the following:

- Copyright owners are entitled to take legal action against persons who infringe their copyright.
- A reproduction of material that is protected by copyright may be a copyright infringement. Where the reproduction of such material is done without attribution of authorship, with false attribution of authorship or the authorship is treated in a derogatory manner, this may be a breach of the author's moral rights contained in Part IX of the Copyright Act 1968 (Cth).
- Courts have the power to impose a wide range of civil and criminal sanctions for infringement of copyright, infringement of moral rights and other offences under the Copyright Act 1968 (Cth). Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.

**EDITH COWAN UNIVERSITY
LIBRARY**

**EXPLORING THE PAP SMEAR EXPERIENCES OF WOMEN AGED 18 TO 25:
MOVING FROM INTENTION TO ACTION**

Gemma Malatesta

Student Number: 2033502

**This thesis is presented in partial fulfillment of the requirements for the Degree of
Bachelor of Health Science (Honours)**

Faculty of Computing, Health and Science

Edith Cowan University

Supervisors: Dr Colleen Fisher and Jill Darby

October 2008

USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

ABSTRACT

The aim of this research was to explore the Pap smear experiences of young women aged 18 to 25. The effectiveness of Pap smear screening and the barriers to obtaining one have been well researched. However, there is limited information in the literature on young women's experiences of Pap smear screening and the context in which they move from intending to be screened to actually undertaking the screening. This qualitative study, underpinned by a constructivist paradigm informed by a feminist epistemology, consisted of eight semi structured interviews with young women who had participated in Pap smear screening.

Data analysis using the method of constant comparison revealed that the Pap smear experiences of young women were complex and influenced by personal, social and environmental contexts. As such, five broad themes emerged from the research and were centered on the participants' experiences of Pap smear screening: 'apprehension', 'first Pap smear experience', 'initial participation in Pap smear screening', 'awareness of participation in Pap smear screening' and 'being comfortable with Pap smear screening'. Examining and understanding the dimensions of young women's Pap smear experiences, and understanding the nature of relationships that mediate young women's participation in Pap smear screening, provides Health Promoters with information on which to base potential campaign strategies and give direction on how to facilitate young women in moving from intention to action.

Keywords: Pap smear screening; Cervical cancer; Young women; Human papillomavirus; Health professional

DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

- i) incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;
- ii) contain any material previously published or written by another person except where due reference is made in the text; or
- iii) contain an defamatory material

Signed

Gemma Malatesta

Edith Cowan University

Student Number: 2033502

ACKNOWLEDGMENTS

I would like to thank my supervisors, Dr Colleen Fisher and Ms Jill Darby, for their support, guidance and encouragement. This would not have been possible without them.

I would also like to thank the following people for their involvement:

The staff from Quarry Health Centre: Deborah Wright and Sue Aguler for allowing me to use the facilities of Quarry Health Centre for this research.

All the participants who took part in this study as their time and effort was greatly appreciated and this would not have been possible without them.

My partner, Jamie Mott, who was a tremendous source of support and motivation during my research and was always there for me when I needed him most.

My mother and father, Sally and Graeme Malatesta, who were always supportive of my research and always believed in me and my capabilities even when I questioned myself.

Table of Contents

Use of thesis	ii
Abstract	iii
Declaration	iv
Acknowledgments	v
Table of contents	vi
Chapter 1. Introduction	1
1.1 Background of the study	1
1.2 Significance of the study	3
1.3 Aims of the study	4
1.4 Research questions	4
1.5 Definition of terms	5
1.6 Limitations	6
Chapter 2. Literature Review	7
2.1 Introduction	7
2.2 Pap smear screening and cervical cancer	7
2.3 Young women and Pap smear screening	9
2.4 Barriers to having Pap smear screening	10
2.5 Conclusion	12
Chapter 3. Methodology	13
3.1 Philosophical framework	13
3.2 Research design	15

3.3 Data collection	15
3.4 Rigour	17
3.5 Participants and recruitment	19
3.6 Data analysis	20
3.7 Ethical considerations	20
 Chapter 4. Findings and Discussion	 22
4.1 Introduction	22
4.2 Apprehension	22
4.2.1 Discomfort	23
4.2.2 Hesitation	24
4.2.3 Ignorance	26
4.2.4 Maturity	28
4.3 First Pap smear experience	29
4.4 Initial participation in Pap smear screening	32
4.5 Awareness of participation in Pap smear screening	34
4.5.1 Informal female networks	34
4.5.1.1 Mother's influence	34
4.5.1.2 Peers' influence	36
4.5.2 Education	38
4.5.2.1 Advertising	39
4.5.2.2 Secondary education	40
4.5.2.3 Opportunism	43
4.6 Being comfortable	45
4.6.1 Private health issue	45
4.6.2 Accessing a youth sexual health service	46
4.6.3 Rapport	48
4.6.4 Gender of health professional	50
 Chapter 5. Conclusion and Recommendations	 55
5.1 Conclusion	55

5.2 Recommendations	56
References	58
Appendix A Flyer	63
Appendix B Information Sheet	65
Appendix C Consent Form	67
Appendix D Interview Guide	69

CHAPTER ONE Introduction

1.1 Background of the study

Cervical cancer is the third most common cancer worldwide and for women it is the second most common after breast cancer (Garland, 2003). There are 466,000 new cases of cervical cancer globally each year and 232,000 women die of cervical cancer each year (Garland, 2003). In Australia, cervical cancer was the eighteenth most common cause of cancer mortality in women in 2005, accounting for a total of 216 deaths (Australian Institute of Health and Welfare, 2008). Despite these deaths, this type of cancer is considered preventable because of the long interval between the appearance of precancerous lesions and cervical cancer (H. Taylor, 2003). Research suggests that almost all women who die of cervical cancer either have never been screened or have been inadequately followed up (Temple-Smith & Gifford, 2005). Therefore, compliance with appointments for Pap smear screens is important to decrease cervical cancer mortality (Kahn, Goodman, Huang, Slap, & Emans, 2003).

A Pap smear screen is an effective health screening tool for cervical cancer for women of all ages and the most successful instrument in detecting cervical cell abnormalities before they progress to cancerous lesions (Burak & Meyer, 1997). Australia's mortality from cervical cancer has been significantly reduced by its effective Pap smear screening program such that death from cervical cancer is now seen as an uncommon event (Garland, 2003; Skinner, Garland, Stanley, Pitts, & Quinn, 2008). Pap smear screening is one of Australia's public health success stories due to the continuing dramatic fall in incidence of carcinoma of the cervix and mortality from cervical cancer since the introduction of the National Cervical Screening Program (Farnsworth & Mitchell, 2003). This screening program leads to the early diagnosis and treatment of cervical lesions which ensures that this reproductive health problem becomes a preventable public health issue (Garland, 2003).

The national policy guidelines for Australia state that “routine screening with Pap smears should be carried out every two years for women who have no symptoms or history suggestive of cervical pathology” (Commonwealth Department of Health and Aged Care, 2000, p. 7). Additionally, women between the ages 18 to 20 who are sexually active should start having smears and can start having smears one to two years after first sexual intercourse. In some cases screening may occur before 18 years of age (Commonwealth Department of Health and Aged Care, 2000). Pap smear screening may cease for women who are 70 years of age as long as they have had two normal smears within the last five years. Those women who are over 70 years of age and have never had a Pap smear, or who request a smear, should be screened (Commonwealth Department of Health and Aged Care, 2000).

Despite the decline in the incidence of cervical cancer in Australia and the majority of developed countries, small increases in cervical cell abnormalities have been observed in young women in Australia (Cuzick, Sasieni, & Singer, 1996). Najem, Batuman and Smith (1996) have reported that invasive cervical cancer rates are rising for younger women and this increase could be attributed to the alteration over time in both risk factor exposure and Pap screening practice.

One such risk factor is the exposure to the human papillomavirus (HPV). Recent evidence has shown that persistent infection with HPV can result in the rare outcome of cervical cancer. There are currently 13 high risk types that have been recognized, with HPV types 16, 18, 45, 39 and 73 most predominantly being associated with cervical cancer in Australia (Australian Institute of Health and Welfare, 2008). In 2007, a vaccine for HPV types 16, 18, 11 and 6 was introduced under the National Immunisation program to ensure it was free to all women aged 12 to 26 years (Australian Institute of Health and Welfare, 2008). Persistent infection with HPV, particularly types 16 and 18, could result in the rare outcome of cervical cancer because infection with a high risk HPV type is necessary, though not sufficient, for the development of cancer (Australian Institute of Health and Welfare, 2008). The influence that the HPV vaccine will have on low and high grade cervical cell abnormalities in the future, as women move into the 20 to 69 year target age

group, will not be evident for some time. Therefore, it is imperative that the use of HPV vaccines does not reduce the importance of regular Pap smear screening for all women in the target age group (Australian Institute of Health and Welfare, 2008).

1.2 Significance of the study

There are a number of statistics and findings from previous research which highlight the importance of undertaking research on the Pap smear experiences of women aged 18 to 25. Since 1998 there has been a steady decline in women aged less than 40 years participating in Pap smear screening in Australia (Australian Institute of Health and Welfare, 2008). For example, the participation rate for women aged from 20 to 24 years decreased from 50% in 1997 - 1998 to 47.7% in 2004 - 2005 (Australian Institute of Health and Welfare, 2007). Of further concern is the elevated rate of high grade cervical cell abnormalities among women aged 20 to 24 years. Detection rates of high grade cervical cell abnormalities are the highest in this age group with 18.4 per 1000 women screening positive for high grade cervical cell abnormalities compared to 1.1 per 1000 women screened in the age range of 65 to 69 years (Australian Institute of Health and Welfare, 2008).

It is critical that young women who are, or have been, sexually active have a Pap smear screen every two years to prevent the most common form of cervical cancer, as research suggests that a protective factor for cervical cancer is participating in regular Pap smear screening (National Cervical Screening Program, 2005). Many women assume a passive role when it comes to having Pap smear screens and tend to neglect this type of early detection (Harokopos & McDermott, 1996). In reality, a considerable number of Australian women have never had a Pap smear screen, have screens irregularly or re-screen earlier than necessary (Anderson, Haas, & Shanahan, 2008). In 2001, 65% of women aged 18 to 69 years reported having a Pap smear screen at least once every 2 years whilst 11% reported that they never had one (Australian Bureau of Statistics, 2004). The mortality rates from cervical cancer are likely to be reduced if women take the initiative to utilise Pap smear screening more efficiently (Harokopos & McDermott, 1996).

Despite the extensive literature on Pap smear screening and its efficacy, very little is known about young women's experiences of Pap smear screening. Since Pap smear screening is the most important method of cervical cancer prevention in this age group this issue is a significant one to consider (Skinner, Garland, Stanley, Pitts, & Quinn, 2008). The majority of research concerning Pap smear screening has focused on women over 40 years of age and, more specifically, those women aged over 50 years (Burak & Meyer, 1998; Fernbach, 2001; H. Taylor, 2003). As a result, minimal research has specifically targeted women from younger age groups, therefore, the experiences of young women are not considered separate from those of older women in the published literature (Fernbach, 2001; H. Taylor, 2003).

Additionally, the research that has previously been carried out on Pap smear experiences occurred overseas or in eastern parts of Australia. There has been no research conducted locally in Western Australia relating to young women's experiences of Pap smear screening and the context in which they move from intending to be screened to actually undertaking the screening.

1.3 Aims of the study

The study aimed to explore the issues, enabling factors and barriers for women aged 18 to 25 in moving from intending to be screened to actually undertaking a Pap smear screen.

By having a holistic understanding of the Pap smear experiences of women aged 18 to 25, will assist Health Promoters to devise strategies which aim to increase Pap smear participation rates among young women and facilitate young women moving from intention to action.

1.4 Research questions

The following research questions were addressed:

- What knowledge do women aged 18 to 25 have in relation to Pap smear screens and their role in the prevention of cervical cancer?
- What are the perceptions of women aged 18 to 25 of their Pap smear experience/s?
- How do women aged 18 to 25 decide and prepare themselves for a Pap smear screen?
- What do women aged 18 to 25 perceive to be the barriers they face in attempting to have a Pap smear screen?
- What facilitates women aged 18 to 25 to have a Pap smear screen?

1.5 Definition of terms

Pap smear screening: involves inserting a speculum into a woman's vagina and gently scraping the surface of the cervix. The process collects cells which are transferred onto a slide or into a special liquid and sent to a pathology laboratory for assessment. In Australia Pap smears are offered by general practitioners, gynecologists, family planning clinics, women's health centres and hospital outpatient clinics (Australian Institute of Health and Welfare, 2008, p. 93).

Cervical cancer: affects the cells of the cervix, which is the lower part of the womb as it joins the inner end of the vagina. Cervical cancer is a disease where normal cells change, begin to multiply out of control and form a growth or tumour (Australian Institute of Health and Welfare, 2008, p. 93).

Young women: refers to women aged between 18 to 25 years who are not pregnant, have no children and are fluent in English.

Human papillomavirus: the virus that is responsible for causing genital warts and which is linked in some cases to the development of more serious cervical cell abnormalities (Australian Institute of Health and Welfare, 2008, p. 109).

Health professional: refers to doctors and nurses that perform Pap smear screening.

1.6 Limitations

One limitation of this study was that the participants were recruited from Quarry Health Centre in Fremantle. Quarry Health Centre is a sexual health service for young people under the age of 25. All of the young women who were recruited for this study had used this service in the past. As a result, they were more likely to be informed about Pap smear screening and were more willing to participate in Pap smear screening when requested.

A further limitation was that the participants were Australian from Caucasian backgrounds, had completed or were currently attending tertiary education and came from middle to high socio economic backgrounds. As such, the sample was limited and findings are relevant to only this group of young women. It would be useful for future research to focus on the Pap smear experiences of young women from ethnic minority populations and those from different education backgrounds and to recruit through other mediums to gain an insight into young women's Pap smear experiences across different contexts and settings.

CHAPTER TWO Literature Review

2.1 Introduction

In comparison to older women young women are at an increased risk of having high grade cervical cell abnormalities. This increase can be explained by the change over time in risk factor exposure and Pap smear practice (Najem, Batuman, & Smith, 1996). The greatest risk for developing cervical cancer is never having a Pap smear screen (H. Taylor, 2003). The Pap smear is accepted as the screening tool that is most effective in reducing the morbidity and mortality from cervical cancer (Burak & Meyer, 1997). However, a limited number of research studies have explored the Pap smear experiences of young women and more specifically women aged 18 to 25.

The literature reviewed for this study is presented under the following headings: Pap smear screening and cervical cancer, Young women and Pap smear screening; and Barriers to having Pap smear screening.

2.2 Pap smear screening and cervical cancer

Pap smear screening is widely used as a mainstay in the prevention of cervical cancer (R. Mays et al., 2000) with previous research studies establishing the effectiveness and economical prudence (Foulks, 1998) of Pap smear screening in preventing cervical cancer (H. Taylor, 2003). The regular screening of women using Pap smears to detect precancerous lesions has been one of the most widely adopted strategies for preventing deaths due to cervical cancer (Anderson, Haas, & Shanahan, 2008). Pap smear screens are able to detect precancerous lesions and identify cervical cellular changes, thereby preventing or delaying the progression of cervical abnormalities to invasive cancer. Buga (1998) reported convincing evidence that cervical cytological screening programs are effective in reducing the incidence and mortality from carcinoma of the cervix. Findings of research undertaken by Burak and Meyer (1998) and supported by that of Taylor (2003) stated that the early detection of cervical cancer through Pap smear screening and early

treatment has resulted in a marked decrease in mortality from cervical cancer. Significantly, the most common type of cervical cancer can be prevented in up to 90% of cases if the cervical cell changes are detected and treated early (Australian Bureau of Statistics, 2004). The extent of the reduction in cervical cancer achieved is related to the proportion of the population screened (Buga, 1998).

In Australia, effective Pap smear screening programs have reduced the mortality from cervical cancer so considerably that death from cervical cancer is a rare occurrence (Garland, 2003; Skinner, Garland, Stanley, Pitts, & Quinn, 2008). Pap smear screening in Australia has caused a dramatic fall in the incidence of the carcinoma of the cervix and the mortality from cervical cancer since the introduction of the National Cervical Screening Program (Farnsworth & Mitchell, 2003). The majority of invasive cancers detected in women under 40 years of age are discovered by Pap smear screening at an early and treatable stage (Herbert, Holdsworth, & Kubba, 2008). In a cohort of 100,000 women from ages 15 to 85 years, using the present screening strategy, Pap smear screening would prevent 451 cancer cases, 144 cancer deaths and save 2100 life years, relative to having no cervical screening (Anderson, Haas, & Shanahan, 2008). As a result, in Australia the estimated lifetime risk of women being diagnosed with cervical cancer is 2.4% without Pap smear screening and 0.77% for women who are screened as per the national policy guidelines (Skinner, Garland, Stanley, Pitts, & Quinn, 2008).

Despite the documented efficacy of Pap smear screening, significant numbers of women have not been screened and/or are not screened regularly (Burak & Meyer, 1997). The survival rate for those women diagnosed with cervical cancer as a result of non-adherence to recommended test intervals is 0 to 39% (Hartikainen, 2001). For those women who are diagnosed with invasive cervical cancer, one half have never had a Pap smear screen and 10% have not had a Pap smear screen in the past five years (Burak & Meyer, 1997).

2.3 Young women and Pap smear screening

There is limited research which explores the Pap smear experiences of young women. Information about the gynecological screening behaviours of young women is limited because this age group is rarely considered as a separate cohort of women in research studies (Burak & Meyer, 1997). Taylor (2003) suggests that many studies have focused on the Pap smear experiences of women as a whole but the implications of this is that women are considered as one homogeneous group and the experiences of young women are not separated from those of older women. Therefore, limited research addresses young women's perceptions, knowledge and experiences of Pap smear screening (H. Taylor, 2003).

The underutilisation of the Pap smear screen in this age group indicates that young women are not making the decision to have a Pap smear, even though Pap smear screening is the most important method of cervical cancer prevention in this particular age group (Skinner, Garland, Stanley, Pitts, & Quinn, 2008; H. Taylor, 2003). Indeed, there is only limited research identifying how young women make the decision to have a Pap smear screen. Taylor (2003) notes that young women in her study made the decision to have a Pap smear screen when they requested a prescription for the birth control pill from their doctor. The women in the study believed that in order to obtain the birth control pill a woman must first have a Pap smear screen. Thus, the majority of women in this study had their initial Pap smear screen as a pre-requisite for obtaining the birth control pill (H. Taylor, 2003). This finding warrants further investigation as women may choose not to use the birth control pill but opt for another method of birth control (H. Taylor, 2003).

This suggests that young women are not adequately informed about when they should begin to undergo Pap smear screening. Ensuring adequate information is provided is also important because since 1989 in Australia cervical intraepithelial neoplasia grade three rates have increased in women aged 20 to 24 and 25 to 29 years while decreasing in those 35 to 39 years and above (Herbert, Holdsworth, & Kubba, 2008). This is concerning because this increase in rates in younger women has taken place against a background of

falling Pap smear screening coverage since 1995, and has been most pronounced in women 20 to 24 years (Herbert, Holdsworth, & Kubba, 2008). In addition, if cervical intraepithelial neoplasia grade three lesions are not detected by screening, some lesions would remain non-invasive but others would progress and become invasive over time (Herbert, Holdsworth, & Kubba, 2008). For that reason, detecting early invasive cancers is a distinct advantage of screening asymptomatic younger women (Herbert, Holdsworth, & Kubba, 2008), thus it is important that future research add to our understanding of the behaviours of young women because increasing their preventive actions is imperative (Burak & Meyer, 1997).

2.4 Barriers to having Pap smear screening

The majority of research studies undertaken to examine the barriers to having a Pap smear screen have traditionally considered women across ages from 18 to 70 years as one uniform group (H. Taylor, 2003). Consequently, the barriers identified are seen to apply to women of all ages. The National Cervical Screening Program (2005) identified these barriers as a poor understanding of the risk and role of screening in cancer prevention and detection, the view that Pap smear screening was not a priority, the feelings of discomfort, pain and embarrassment associated with the screen, the fear of the result, the cost involved in having a Pap smear screen and limited access to health services.

Research undertaken by Neilson and Jones (1998) focused on determining whether lay knowledge of cervical cancer and cervical screening accounted for non-attendance at cervical screening clinics for women aged 20 to 60 years. Their findings indicated that the main barriers to attendance at cervical screening were women's dislike of the idea of the screen, their fear of having the screen, the unsuitability of their appointment, their belief that they were ineligible for the screen and that the screen was unnecessary. These barriers were prominent due to the lack of knowledge the participants had about Pap smear screening and the causes of cervical cancer. Najem, Batuman and Smith (1996) also identified some of the barriers for adult women who have never had a Pap smear screen. These barriers were identified as a lack of physician recommendations to participate in the

screening, being ignorant of the Pap smear screen, the cost involved with having a screen, the lack of information on how and where to obtain screening, the belief they were not at risk of cervical cancer and the embarrassment associated with requesting the screen.

Najem, Batuman and Smith's (1996) study also assessed the Pap smear screen status of adolescent girls aged 13 to 20 years of age and a number of barriers to undertaking screening were identified for this group. These barriers were a poor understanding or confusion about the role Pap smear screens have in cervical cancer prevention, the gender of the doctor (as they were less likely to have a Pap smear screen with a male doctor), the medical jargon used by the doctor and other health care providers, the fear associated with the screen, the misunderstandings the adolescents had about the nature of the screen, the unpleasant past experiences the adolescent girls had, and the belief nothing can be done to prevent cancer. Further, not knowing how, when, or where to obtain preventive screening was also perceived as a real barrier to care for adolescent girls (Burak & Meyer, 1998).

Despite this literature review highlighting well documented advantages of Pap smear screening, there are also disadvantages associated with screening women aged 20 to 24 years. It is not uncommon for physical and emotional morbidity to be associated with the detection and treatment of precancerous lesions through Pap smear screening (Skinner, Garland, Stanley, Pitts, & Quinn, 2008) including the risk of psychological trauma associated with diagnosis and the risk of over zealous treatment to lesions which could be potentially reversible over time. Herbert, Holdsworth and Kubba (2008) have suggested that disadvantages of screening women aged 20 to 24 years result from the higher prevalence of low grade cervical cell abnormalities which are common among this age group (see also Sasieni, Adams, & Cuzick, 2003). They conclude that women would potentially be more likely to accept invitations for screening if they were reassured that monitoring of low grade cervical cell abnormalities was safe and that identifying and treating high grade cervical intraepithelial neoplasia, would prevent the development of more extensive disease as well as cancer.

2.5 Conclusion

Research findings have demonstrated the effectiveness of Pap smear screening in the prevention of cervical cancer and identified a number of barriers women face when they are contemplating a Pap smear screen. The majority of studies, however, have considered women as one undifferentiated group. Thus, the Pap smear experiences of young women are not separated from those of older women. Consequently, there is limited research available about young women's perceptions, knowledge and experiences of Pap smear screening (H. Taylor, 2003). The published research does not provide an insight into the experiences of young women, particularly as they progress from intending to have a Pap smear screen to having a Pap smear screen. This is an important issue that warrants investigation.

CHAPTER THREE Methodology

3.1 Philosophical framework

This study utilised a constructivist paradigm informed by a feminist epistemology. The constructivist paradigm is based on the assumption that there are multiple constructed realities rather than being singular and tangible, and is therefore interested in the ways in which individual participants construct their realities (Campbell & Wasco, 2000; Sandelowski, 1993; Spencer, Ritchie, Lewis, & Dillon, 2003; Williamson, 2006). It emphasises that the concept of 'reality' is created to fit the purposeful acts of people, thus, people create the concepts, models and schemes to make sense of their experience (Thorogood, 2007). The researcher strives to represent the multiple realities in such a way that still remains faithful to each participant's reality (Sandelowski, 1993).

By using this paradigm the researcher situates the participant as the expert about his/her experiences (Spencer, Ritchie, Lewis, & Dillon, 2003) and must strive to identify the participant's constructions. The researcher's purpose is to describe the participant's reality and the analysis will be a reflection of the constructions of the group being studied (Thorogood, 2007). The constructivist approach enables the meanings and perspectives of the participants involved in the research to be studied in depth. This allows their words to be used to convey their meanings directly to the reader (Williamson, 2006). For this study, the women's subjective experience was considered valid data (Thorogood, 2007).

This study was informed by a feminist epistemology. Feminist research, which places women at the centre of the research process is committed to documenting the lives, experiences, concerns and unearthing the subjugated knowledge of women (Hesse-Biber & Leavy, 2007) and values women as experts of their own lives (Sigsworth, 1995). The study focused on young women's Pap smear experiences as sources of knowledge in order to provide a starting point from which to build the knowledge on the research topic (Campbell & Wasco, 2000; Hesse-Biber & Leavy, 2007). This study made young women's Pap smear experiences the primary source of investigations which led to constructing knowledge that

reflected and represented the knowledge and experiences of the young women (Hesse-Biber & Leavy, 2007).

Feminist researchers start with the commitment to produce useful knowledge that will make a difference to women's lives through social and individual change by using research that is characterised by non-hierarchical relations between the researcher and the participants in the research. A feminist researcher is interested in gaining a subjective understanding of an individual's situation or circumstance (Hesse-Biber & Leavy, 2007) and attempts to provide women with information they want and need to change the conditions of their lives (Thorogood, 2007). Furthermore, it endeavours to describe and interpret the phenomena of women's lives, and contributes to the understanding of participants by giving them the opportunity to reflect on aspects of their lives (Hall & Stevens, 1991). This may enable the participants to transform their experiences and to bring about changes in the interest of those women being studied (Hall & Stevens, 1991; Spencer, Ritchie, Lewis, & Dillon, 2003).

Feminist epistemology also provides a way of conceptualizing reality that reflects the women's own interests and values, (Hall & Stevens, 1991). For this study the focus was on the women's interpretations of their Pap smear experiences. The study was interested in addressing women's lives in their own terms and generating concepts through words that were directly expressive of women's experiences (Hall & Stevens, 1991). Feminist researchers are interested in the meanings participants attach to events in their lives because it is important to empathise and identify with participants to gain an understanding of how they interpret these events" (S. J. Taylor & Bogdan, 1998). The basic premise in adopting a feminist perspective for this study, therefore, was to emphasise the contextualised nature of the women's experiences and interpretations they gained from those experiences (Hall & Stevens, 1991). Thus, the goal of this feminist epistemological study was to capture the young women's experiences in a respectful manner that legitimates women's voices as sources of knowledge (Campbell & Wasco, 2000).

3.2 Research design

A qualitative research design was appropriate for this study because it was concerned with the systematic collection, ordering and interpretation of the contextual data that was generated from talk and/or documentation during the research process (Kitto, Chesters, & Grbich, 2008). The goal of qualitative research is to explore behaviour, processes of interaction, meanings, values and experiences of purposefully sampled participants in their natural context (Kitto, Chesters, & Grbich, 2008) and in health is primarily used for investigating meanings, interpretations and perceptions that impact on health related behaviour and health outcomes (Hansen, 2006). A qualitative research design, thus enables the researcher to explore the issue from the perspectives of the individuals directly involved (Hansen, 2006). Hence, qualitative research is inductive and enables concepts, insights and understandings to be discovered from patterns in the data (S. J. Taylor & Bogdan, 1998).

Qualitative research allows a researcher to emphasise the meaningfulness of their research by ensuring there is a close fit between the data and what the participants say and do (S. J. Taylor & Bogdan, 1998). A qualitative researcher is aware that there is something to be learned in all settings and groups of participants. Every setting and every participant is similar as well as unique because they are similar in terms of the general social processes found at each setting or within each group, but unique because some aspect of the topic or issue is best illuminated by a particular setting or participant (S. J. Taylor & Bogdan, 1998). Therefore, qualitative research is considered to be a craft as researchers must remain flexible in how they undertake their studies (S. J. Taylor & Bogdan, 1998).

3.3 Data collection

This study was undertaken using semi structured interviews which is a commonly used research method in health related qualitative research (Liamputtong Rice & Ezzy, 1999). Interviewing is perceived as a way of gaining information and understanding from individuals on a particular topic (Hesse-Biber & Leavy, 2006; Hesse-Biber & Leavy,

2007). The aim of conducting interviews was to gain information on the perspectives, understandings, and meanings constructed by young women regarding their Pap smear experiences (Grbich, 1999).

The semi structured interviews used in this study enabled the exploration of the complexity and the interpretations and meaning participants had towards their Pap smear experiences (Liamputtong Rice & Ezzy, 1999) through a gently guided extended conversation with participants. At the same time semi structured interviews allowed participants the latitude and freedom to talk about what was of interest or important to them as they are able to develop ideas and speak more widely on issues raised by the researcher (Denscombe, 1998; Hesse-Biber & Leavy, 2006; Rubin & Rubin, 2005). As such, the conversation was able to grow in new and unexpected directions (Hesse-Biber & Leavy, 2006) and allowed the researcher to ask additional questions and respond to issues or questions raised by the participant in order to elicit more depth and detail about the topic (Hansen, 2006; Rubin & Rubin, 2005). Therefore, there was flexibility within the semi-structured interviews in terms of the order in which topics were considered which allowed the researcher to follow new lines of questioning as they emerged (Denscombe, 1998; Hansen, 2006).

Semi structured interviews enabled general topics of the interview to be decided upon by constructing an interview guide which ensured all of the relevant issues pertaining to the study were discussed (Hansen, 2006; Liamputtong Rice & Ezzy, 1999). The interview guide was developed from an extensive review of the literature and contained questions that addressed the major areas to be explored by the study (R. Mays et al., 2000).

Individual interviews were important for this study as participants would be more prepared to discuss sensitive matters concerning their sexual health compared to a group interview or focus group situation (Liamputtong Rice & Ezzy, 1999). Through their participation in the interview the majority of the participants found the experience to be rewarding. They were able to personally gain from the opportunity through reflection which gave them an insight into themselves and their own value positions (Liamputtong

Rice & Ezzy, 1999; Oliver, 2003). The participants enjoyed talking about their ideas on the topic to a person whose sole purpose was to listen and note ideas without being critical of them (Denscombe, 1998).

3.4 Rigour

For the researcher to achieve a rigorous qualitative study the principles of credibility, dependability, confirmability and transferability were applied. Credibility was demonstrated by assessing the findings and interpretations from the research to ensure readers and participants found the account credible (Ezzy, 2002; Hansen, 2006). Research is deemed credible if the descriptions and explanations revealed are accurate of the young women's experiences and those people having that experience would immediately recognize those descriptions and interpretations as their own (Appleton, 1995; Sigsworth, 1995). The construction of credible descriptions and explanation of young women's experiences ensure that they could be understood by both those who took part in the study and those who have had a similar experience (Hall & Stevens, 1991). Credibility is about the issue of fit between the participants views and the researcher's representation of them in the research (Tobin & Begley, 2004). It poses the question of whether the explanation given in the research fits the description provided by the participants and this determines whether the description is credible (Tobin & Begley, 2004). A research report is deemed credible when the study presents faithful interpretations of the participants experiences which enables participants to recognize the experiences as their own (Hall & Stevens, 1991).

Dependability was demonstrated by ensuring a transparency of methods and analysis, and providing a clear account of the research process (Hansen, 2006). This was achieved through the use of an audit trail (Tobin & Begley, 2004) - the systematic documentation of the rationale, outcome and evaluation of actions related to data collection, sampling, analysis and the dissemination of results (Hall & Stevens, 1991; Sigsworth, 1995). The use of an audit trail ensures the research is logical, traceable and documented (Erlandson, Harris, Skipper, & Allen, 1993; Tobin & Begley, 2004). The audit trail for this study was documented by using a memo book. This memo book was used to write down

ideas, especially thoughts on themes that appeared to be dominating the data, and the processes by which the key categories in the data were being explored (Richards, 2005). The memo book was used throughout the course of the study, from the start of data collection through to noting regularities, patterns, explanations, casual flows and propositions (Miles & Huberman, 1994). This will allow the reader to determine whether decisions made are congruent with the circumstances of the study and enables him/her to assess whether the interpretations and recommendations mentioned are supported by the data (Erlandson, Harris, Skipper, & Allen, 1993; Hall & Stevens, 1991; N. Mays & Pope, 2000).

Confirmability was demonstrated through the researcher trying to avoid distorting the reality as the participants are describing it (Hansen, 2006). It was concerned with establishing that the interpretations of the findings were clearly derived from the data (Tobin & Begley, 2004). This was achieved by a clear exposition of methods of data collection and analysis and by providing a clear account of the processes of data collection and analysis (N. Mays & Pope, 2000). This was accomplished through the process of selecting, focusing, simplifying, abstracting and transforming the data that appeared in transcriptions (Miles & Huberman, 1994). It involved highlighting key words and phrases in the transcripts, noting why they were of interest and any patterns or categories that were emerging. This form of analysis sharpened the focus, discarded and organised the data to ensure the final conclusions drawn could be verified by the data (Miles & Huberman, 1994). It provided an account of how the early, simpler systems of classification evolved into more sophisticated coding structures and then into clearly defined concepts and explanations for the data collected (N. Mays & Pope, 2000).

Transferability was demonstrated through the research findings being understandable and recognizable by others. It was concerned with the generalisability of inquiry (Hansen, 2006; Tobin & Begley, 2004). This ensured that the context of the study was described adequately for those reading the study to evaluate how the findings would apply to their own situations (Sharts Hopko, 2002). This helps readers decide if the results are relevant to similar situations (Hansen, 2006). To achieve transferability in this study the

research report was sufficiently detailed for the reader in order to allow him/her to judge whether or not the findings would apply in similar settings (N. Mays & Pope, 2000). Hence, transferability is judged in terms of the extent to which the study's findings can be applied to other contexts and/or with other participants (Erlandson, Harris, Skipper, & Allen, 1993).

3.5 Participants and recruitment

A purposive sample of eight women ranging in age from 19 to 25, who were fluent in English did not have children and were not pregnant were recruited for the study through Quarry Health Centre in Fremantle, Western Australia. Purposive sampling aims to identify and include in the study information-rich cases that will provide a full and sophisticated understanding of the topic under investigation (Hansen, 2006).

Recruitment at the Centre began once formal permission had been received from the Clinical Advisory Committee at Family Planning WA (FPWA). Quarry Health Centre is an additional sexual health service for under 25s that is run by FPWA. Flyers outlining the study and inviting eligible women to contact the researcher and register their interest in the study were displayed from late January 2008. The researcher also organised times at the Centre to attend clinics on Mondays and Thursdays to provide information about the study and invite young women to participate in the study. Recruitment of participants continued until the end of April when data saturation was reached.

Once a woman indicated her interest in taking part in the study a letter providing a brief background about the study and the relevant contact details was given to her. Potential participants were then asked whether they would take part in an interview at a mutually convenient time. Interviews took place at Quarry Health Centre in the counseling room, clinical room or manager's office or in the office of the researcher's supervisor.

Before an interview began, details about the study were discussed, any questions participants had were answered; participants were informed that their participation was

voluntary and that they were free to withdraw at any time without consequence, or to not answer any question that they felt uncomfortable answering. The young women were advised that there were no anticipated health risks by being part of this study. However, the information obtained from the interviews could benefit other women and give Health Promoters insight into potential strategies that could increase Pap smear participation rates among young women. Participants were asked to read the information sheet and sign a consent form consenting to the above and to the audio taping of the interview. The interviews lasted between 30 and 60 minutes.

3.6 Data analysis

Interviews with the participants were transcribed verbatim and imported into QSR Nvivo7 computer-based qualitative data analysis program. The analysis of the data was facilitated through the use of the method of constant comparison described by Glaser and Strauss (1967) and Glaser (1978), and operationally refined by Lincoln and Guba (1985). As such, every transcript was read line by line, and units of meaning were identified and coded. As the data analysis proceeded the units were coded into major categories of meaning. All the categories were then re-examined and refined. The aim of refining those categories was to maximize both internal homogeneity and external heterogeneity (Fisher, Hauck, & Fenwick, 2006). Once this had been achieved, the relationships between categories were examined and the data was reviewed to confirm the associations (Ezzy, 2002).

3.7 Ethical considerations

Approval to conduct this study was obtained from the Human Research Ethics Sub Committee of the Faculty of Computing, Health and Science at Edith Cowan University (ECU). Further approval from the Clinical Advisory Committee at FFWA was required to recruit participants for this study and this was obtained through submitting a copy of the approval memo received from ECU. The confidentiality of participants was maintained by allocating an identifying code to each individual at transcription and any private data

identifying participants was not reported in any presentation of the results of this study (Hansen, 2006; Kvale, 1996; S. J. Taylor & Bogdan, 1998). In addition, all of the information was stored in a locked filing cabinet for the duration of the study and after a period of five years will be destroyed in a secure manner.

CHAPTER FOUR Findings and Discussion

4.1 Introduction

Findings of this study suggest that the Pap smear experiences of young women are complex and influenced by personal, social and environmental contexts. Five broad themes emerged from the data and provided an in-depth understanding of the ways in which the young women in the study experienced Pap smear screening: ‘apprehension’, ‘first Pap smear experience’, ‘initial participation in Pap smear screening’, ‘awareness of participation in Pap smear screening’, and ‘being comfortable with Pap smear screening’. The themes, although presented separately for the purposes of clarity in this thesis, were intertwined in dynamic and complex ways, and either facilitated or inhibited the young women’s willingness to participate in Pap smear screening. Quotations from the participants to illustrate key points are presented with the code letter allocated to the eight participants interviewed (PA-PH).

4.2 Apprehension

Apprehension was a key theme to emerge from the data. The participants talked about their feelings of being ‘anxious, nervous and apprehensive’ about the idea of having a Pap smear screen. Apprehension then was a multidimensional theme that encompassed ‘discomfort’, ‘hesitation’, ‘ignorance’ and ‘maturity’. ‘Discomfort’ refers to the feeling of being uncomfortable whilst the Pap smear screen is being administered, ‘hesitation’ refers to the reasons young women gave for delaying their participation in Pap smear screening and ‘ignorance’ refers to the lack of awareness young women have of how a Pap smear screen is administered. The final dimension is the ‘maturity’ of young women and how this influenced their feelings towards the Pap smear screen.

4.2.1 Discomfort

Discomfort or being uncomfortable or tense describes the feelings that young women in the study had about taking part in Pap smear screening due to an intimate part of their body being examined. As Taylor (2003) notes, women who are considering having a Pap smear screen but have not participated in a screen are more likely to perceive Pap smear screening as embarrassing and painful than those who have had such examinations. Taylor's observations are reflected in the following quote:

Just cos it [Pap smear] isn't so comfortable sort of, it's an unusual experience sort of thing.... (PA)

In addition, discomfort was considered to be associated with the physical nature of the Pap smear screening. It appears that young women's feelings of apprehension towards their Pap smear experiences are related to the discomfort they experience or believe they will experience during their Pap smear screen. For example one young woman stated that a Pap smear experience would be perceived as negative if they experienced a degree of discomfort during the Pap smear screening:

I guess the physical of it [Pap smear] [because that can determine] like whether or not that (Pap smear) is very uncomfortable. (PC)

Burak and Meyer's (1997) work on the gynecological beliefs and behaviours of college women support this finding. In an analysis of 400 college women aged 18 to 23, there was a significant difference in beliefs about pain or discomfort between those who have had Pap smears and those who have not. Burak and Meyer concluded that those women who had never had a Pap smear screen were more likely to believe that Pap smear screens were painful in comparison to women who have had the screening. This implies that the belief young women have that there will be some element of discomfort or pain during a Pap smear screen will result in them feeling more apprehensive about participating in Pap smear screening.

Not only is discomfort associated with the physical nature of the screen, it appears that it is influenced by the young woman's level of apprehension before they take part in the Pap smear screen. The more apprehensive a young woman feels towards the Pap smear screen the more tense they become and this results in more discomfort being felt during the screening process as was the case for this young woman:

Ohh, just like mean yeah it was hard cos you tense and yeah and you don't relax yeah, it [Pap smear] hurts a bit more. (PF)

The sentiments expressed by Participant (PF) are echoed in the literature. Research undertaken by Harokopos and McDermott (1996) provided an overview of studies that had examined cervical cancer screening and as a result shed light on the behavioural aspect of screening and the key emotional issues that require further investigation. One key finding to emerge related to discomfort: if young women have an ingrained fear of pain which is associated with Pap smear screening then the feeling of apprehension would be increased.

The duration of the Pap smear screen can also influence a young woman's feeling of apprehension towards a screen and the discomfort felt during the process. For example one participant mentioned her initial apprehension about the time she thought it took to have a Pap smear screen and her relief that her experience lasted considerably less, and how this impacted on her feeling of apprehension towards the Pap smear experience:

When I saw the file thing one [Pap smear] test 15 minutes I thought, if you actually had to lie there for 15 minutes with the clamp thing it'd be really uncomfortable, but mine only lasted probably five minutes and I'd want it to be shorter just because it's uncomfortable and you don't really want to be stretched apart... (PG)

4.2.2 Hesitation

Delaying one's participation in Pap smear screening appeared to be a common practice among the participants. The young women felt the need to justify their participation in Pap smear screening in order to minimize the apprehension associated with it. For example one young woman stated:

...If you've got things to do or you don't want to be there to start with [having a Pap smear] then that, [is] a definite barrier, [to] having it. (PC)

Additionally, the longer young women hesitated in arranging to have the Pap smear screen the more the apprehension would build. As exemplified by Participant (PE), below, young women may have problems or issues with taking that first step to actually book the appointment for a Pap smear screen. Once they take that first step and book the appointment the apprehension is eased and they accept that they are participating in the Pap smear screen.

Ok, umm, I suppose I was a little bit nervous and apprehensive umm, but once I actually called up I was fine, like I know it's [Pap smear] not hurt, painful or anything so I just, it was just the, about getting down to actually calling. Once I called it was, all right, I'm going, gonna go have it [the Pap smear]. (PE)

Najem, Batuman and Smith's (1996) work on Pap smear screen status of adolescent girls aged 13 to 20 years of age supports this finding. In the analysis of their results the researchers identified a number of major barriers to adolescent girls never having a Pap smear screen. One such barrier was the lack of information young adolescent girls had on how to make an appointment for a Pap smear screen. Of their sample of 3,980 adolescent girls, 45% did not know how to make an appointment. In terms of participating in a Pap smear screen this may indicate that adolescent girls will delay participation because they do not have the skills to enable them to book an appointment. For the women in this study, it was not so much that they did not know how to make the appointment, but rather, were hesitant in doing so.

Findings of the current study suggest that the feeling of apprehension also strengthens when young women delay their participation in Pap smear screening following a previous abnormal result. This was the case for one young woman:

...Because it [previous results] was an abnormal result and I had put it [Pap smear screen] off, I was like, "ohh, yeah probably, hopefully this one comes out ok", yeah. (PF)

As a result of delaying her Pap smear screen, this participant, became increasingly worried that her non-adherence to regular screening would impact on the screen result.

This finding is also evident in the work of Najem, Batuman and Smith (1996). One frequently stated reason for noncompliance with regular Pap smear screening in younger adult women was the anxiety associated with the results of the Pap smear screen. This finding was also supported by Harokopos and McDermott (1996) who found increased anxiety in participants in their study due to the underlying fear of receiving unfavourable results from Pap smear screening. It appears young women become concerned about attending follow-up appointments after receiving an abnormal test result and, in some cases, this inhibits their participation in future Pap smear screening.

Furthermore, by delaying their participation in follow-up appointments for Pap smear screening, two of the young women in this study became concerned about the Pap smear screen result and whether their inaction would lead to a positive test result. For example, Participant (PE) explained it as follows:

I suppose [I felt] relief [once I had the Pap smear] and thank God that I put it off and I was still ok umm, yeah I was like, “oh that’s good – negative”. (PE)

Once the Pap smear screen result was known however, especially when they were told it was negative, their feelings of apprehension were diminished and the young women felt relieved about participating in the Pap smear screen.

4.2.3 Ignorance

The ignorance that young women in this study had about what is involved in a Pap smear screen appears to have had an adverse effect on their feelings. It has been reported in the literature that this ignorance, or lack of awareness tends to build the apprehension women experience when thinking about having the screening (Najem, Batuman, & Smith, 1996). This is perceived as a major barrier to young women participating in Pap smear

screening. The following two quotes demonstrate the lack of awareness young women in this study had of the Pap smear process:

Yeah, the first one [Pap smear] yeah umm, I was quite pretty nervous I didn't know what to expect yeah. (PF)

...I suppose you do build it up a little bit and you get, especially on your first time you get anxious cos you don't know what you're expecting... (PH)

The anticipation of having one's first Pap smear screen is concerning particularly when a young woman does not know what to expect (Fernbach, 2001). If a woman is ignorant of what is going to happen and how a Pap smear is administered then she is more likely to feel apprehensive about the screening.

Furthermore, if young women are not aware of the equipment used in the screening and how it works, their apprehension can be increased. As can be seen from Participant (PE), below, her apprehension towards participating in Pap smear screening was reduced once she was familiar with the equipment and its use:

I suppose cos you haven't actually seen any of the stuff [Pap smear equipment] you don't, you build something in your own imagination of what it [the Pap smears] might be like and that's not really like that... (PE)

Data from this study also suggest that the young women were ignorant of the implications of returning an abnormal Pap smear result. Because of this, the explanation of an abnormal Pap smear result given to young women by a health professional will have an impact on their feeling of apprehension towards Pap smear screening. If young women were not previously aware of what an abnormal result meant then they may have preconceived ideas of what it means to have an abnormal result as was the case for this young woman:

Oh, I ended up crying cos I was so emotional beforehand cos I was like “oh something’s wrong with me”, and then I walked in and she [GP] goes, “oh good news is you don’t have Chlamydia”, so I was like, “well what’s wrong with me then?” like what else is there? I didn’t even trigger and then when she [GP] was talking about it she kept mentioning the word cervical cancer so I was like, “oh so I’ve got cancer”?, like I didn’t understand, so yeah, it was just, umm, like really overwhelmed and I was really emotional and then because she [GP] didn’t explain what was happening it was just confusing and scary. (PA)

4.2.4 Maturity

The level of maturity of each participant in this study appeared to impact on their feeling of apprehension towards Pap smear screening. Some of the participants stated that there was quite a difference between younger and older women in terms of how they viewed their participation in Pap smear screening. Younger women appeared to be concerned with finding something wrong and how the results from a Pap smear screen would impact on their sexual behaviour. For example one young woman stated:

I think that’s probably like a huge thing for young people [finding something wrong]... you know, it’s the end of the world and then they put off going, you know, “I’d rather not know that I have this, that and the other because it’s gonna effect my whole sexual life you know. I’d rather spread this around a bit and not have to confront the problem”. I think that really is ...a huge part of the problem for young people... that they don’t want to hear the news or [they’re] gonna have all these ideas that of nearly [the] end of the world. (PD)

Additionally, young women in this study considered that a woman’s maturity was verified by the importance she placed on what other people thought of her. Participant (PD), below, reflecting on her previous experiences, suggests that, this is particularly salient when aged in mid teens, and may lead to more intense feelings of apprehension when thinking about having a Pap smear screen. Even so, for those young women in their late teens to early twenties, as was the case for the young women in this study, it became clear that their apprehension towards Pap smear screening diminished compared to when they were younger as they were not as concerned with what others thought of them.

I think when you're younger there's always that fear that people will, people are looking at you, people are judging you constantly, people are you know, analyzing your behaviour and you know like, everything's you know, a constant ...paranoia.... When you're older you have that experience behind you, you don't give a rat's ass [about what other people think] but when you're younger it means the world you know, whether it's a person that you don't even know thinks that you, you know you're a slut or not, it means the world to you but when you're older you have that experience you don't care what that person really thinks about you as much. You're more concerned about the bigger issues you know, clear as day, yeah. (PD)

The maturity of young women was also related to the degree of self confidence they each possessed. If they were uncomfortable with their bodies and lacked confidence in themselves, then the feeling of apprehension towards having a Pap smear screen, concomitant with their discomfort about the intimacy of the screen was enhanced and had a greater impact on their Pap smear experience.

I think as a 16 year old is what you're still sort of very uptight about your body [and not very comfortable in your own skin] and you know sort of thing [which can make you feel nervous]... (PB)

Another young woman stated that:

I suppose not feeling confident in themselves umm, or the situation [having to participate in a Pap smear screen] [can make young women feel anxious]... (PE)

4.3 First Pap smear experience

The first Pap smear experience serves as a learning opportunity for young women to come to understand what is involved with a Pap smear screen and its purpose (H. Taylor, 2003). The first Pap smear experience was a significant event to all the young women who participated in this study. Their attitudes and views on how they perceived this first experience appeared to determine whether they would attend regular screening or delay participation. As participant (PD), notes:

I had a good [Pap smear] experience but I know people, like people my own age, have had really bad [Pap smear] experience(s), so you know, cos of... the initial good experience I'm more comfortable doing it [Pap smear] again but my friends you know sort of oww, you know like put it off. (PD)

For some of the participants, there were negative connotations associated with their first Pap smear experience. These negative connotations were the result of their lack of knowledge of what a Pap smear screen involved as was the case for this young woman:

Well the first time it [Pap smear] happened it was sort of brought on abruptly so I didn't think about it, didn't know what it was and then umm, cos that was sort of a negative experience the next time I was scared... (PA)

The same young woman also mentioned how receiving an abnormal result from her first Pap smear impacted on her attitude towards screening:

...Cos I had an abnormal Pap smear ..., that was just scary, so like I remember that badly. (PA)

It appears that cervical cell abnormalities will increase a young woman's anxiety towards pap smear screening and as a result will diminish her motivation to participate in regular screening (Harokopos & McDermott, 1996). Hence, negative experiences with a Pap smear screen as a young woman will decrease the likelihood of women having regular screening in the future (Fernbach, 2001).

Even so, the majority of the participants in this study perceived their first Pap smear experience to be positive. They deemed it positive if they did not receive an abnormal result, the Pap smear screen was explained and that any concerns they had before having the screening were discussed. For example, one young woman stated:

Well it's positive [the experience] I guess umm, no dramas ...Nothing went wrong, they [the GP] outlined everything when I went in, what was gonna happen and everything so it was pretty open. (PE)

Another young woman considered her reason as to why she saw her first Pap smear screen as positive as follows:

I guess probably good results [knowing that nothing was wrong], I think for me it was a positive experience the last time because it, yeah, that kind of initial worry or the tiniest sort of worry, the little bit of “oh god I’m planning on this”, yeah, was taken away, so [my first Pap smear was a] positive experience. (PC)

Those young women who perceived their first Pap smear screen to be a positive experience were more willing to participate in future regular screening. As can be seen from Participant (PE), below, if they had no reservations about taking part in a Pap smear screen or any fear associated with the screening, then they are more likely to have a Pap smear screen when it is required.

I think now that I’ve.... done it [Pap smear] I can say it’s not a major issue because... you know what it’s like. Like next time I go it’s just like when it [Pap smear] comes up next time it will just be “ok well I just got to go and do it like I won’t put it off next time”. So for me looking back now it’s not a major issue cos it’snot what I thought it would be in the first place and I’m fine with it, I’ll just go and get it done next time when it’s needed. (PE)

The importance young women place on the Pap smear screen as a measure to maintain their health also has an influence on their future screening behaviour especially if they already perceive it to be a positive experience. If young women believe the Pap smear screen is vital in assuring one’s quality of life, then they are more likely to view it positively and attend regular screening.

I would have no dramas going back and having another one [Pap smear]. Obviously it takes like five minutes if that, and what’s that if it’s gonna save your life, like “what’s to worry about?” I don’t get it. (PE)

Furthermore, if young women view Pap smear screens as another required health check they must participate in, and combine that with the perception of it being positive, then they are more likely to attend future screening. It seems they will have no hesitation in participating in Pap smear screening when it is considered necessary.

Well it wasn't as bad as I anticipated it [Pap smear] to be so ...when it comes up to two years, I will just do it [Pap smear] straight away which is another thing I have to do - that's all. (PH)

4.4 Initial participation in Pap smear screening

Initial participation in Pap smear screening was the third theme to be identified during the analysis of the data. This theme refers to how young women's knowledge of Pap smear screening and its role in the prevention of cervical cancer, was influenced by participating in the screening itself. Such knowledge about the preventative role of Pap smear screens was fundamental to them undertaking the screens.

The majority of young women who participated in this study had an improved knowledge of the purpose of Pap smear screening once they had participated in it. As one young woman explained:

Well, now I know it's mostly I'm thinking it's to detect cervical cancer, umm and like, they don't check against many STI's that I thought they would. (PA)

The reason this participant, as can be seen below, held this particular view that Pap smear screens were used to detect sexually transmitted infections was as a result of the need to have a Pap smear screen once sexually active:

I suppose just you don't really think of cancers and stuff, so you think oh ok you're suppose to have a Pap smear once you've had sex, so sex STI's, that's suppose where I got it from. (PA)

Mosavel and El-Shaarawi's (2007) work on cervical cancer supports this finding. In an analysis of the responses to cancer, Mosavel and El-Shaarawi (2007) found that knowledge of cancer was varied and somewhat anecdotal and information was gained from formal and informal sources. A conclusion drawn from the research was that knowledge about cervical cancer was gained informally through personal experience. Therefore, by young women participating in Pap smear screening they gain knowledge about cervical cancer and the role Pap smear screens have in its prevention.

In addition, after their initial participation in Pap smear screening, young women were conscious of Pap smear screens being used to check for abnormalities in the cervix as was the case for this young woman:

You've got to have them [Pap smear] every two years, if something abnormal shows up, it doesn't mean you have cancer you just have to go get those cells removed...(PE)

It appeared they understood the importance of detecting cervical cell abnormalities and how this would prevent or delay the progression of cervical cancer. The following two quotes demonstrate the knowledge gained by the young women in relation to the importance of Pap smear screening and its role in the detection of cervical cell abnormalities:

They test the cells near your cervix to determine whether or not you're at risk of getting cervical cancer or developing cervical cancer. (PG)

I know.... they take a sample from your cervix and they take two swabs and the idea is to... test it for any abnormalities, because those abnormalities... [can] continue to change [and] they can reproduce and.....become cancerous... (PD)

Analysis of data from this study also suggests that young women were aware that they were required to participate in Pap smear screening on a regular basis. The issue that influences whether young women would participate in Pap smear screening regularly is whether they deem themselves to be sexually active.

I think you're suppose to have them [Pap smear] what's it 12 months or something after you first become sexually active...it's recommended that you have them regularly. (PF)

Another young woman stated that:

You (are) meant to have one [Pap smear] after two years of if you've had sex and just have one every two years after that... (PH)

4.5 Awareness of participation in Pap smear screening

Awareness of participation in Pap smear screening is the avenues through which young women are made aware of the importance of participating in Pap smear screening. This is a multidimensional theme and encompasses 'informal female networks' and 'education'. 'Informal female networks' refers to the social networks that influence and inform young women's understanding and participation in Pap smear screening and 'education' refers to the viewpoints and understanding that young women have of Pap smear screening as a result of educational opportunities.

4.5.1 Informal female networks

Informal female networks includes both 'mother's influence' and 'peers' influence'. The young women in this study were influenced by their mothers with regard to awareness and participation in Pap smear screening. The experiences of Pap smear screening of their peers appeared to influence and impact on young women's participation in Pap smear screening in this study.

4.5.1.1 Mother's influence

The relationship young women had with their mothers appeared to have an influence on their awareness and importance of participating in Pap smear screening. The discussions the young women had with their mothers on this topic and whether their mothers were participating in screening themselves influenced their daughter's Pap smear screening behaviour.

Well my mum prompted me the first time - said "Right get yourself organised, get down to the doctor, this is what it [Pap smear] is" and umm, that kind of thing. Because yeah, she'd just been for hers andyou know being a, teenager, "what are you going to the doctor for?", you know, and...., she said "oh want Pap smears for this and all the rest of it" and so went "oh, ok - better go". (PB)

Research undertaken by Najem, Batuman and Smith (1996) on Pap smear screen status of adolescent girls aged 13 to 20 years support this finding. They identified that there was an association between adolescents having a Pap smear screen and the girls having an awareness of a family member having a Pap smear screen, as was evident for Participant (PB) in this study. Najem, Batuman and Smith (1996), viewed parents as being responsible for shaping adolescent children's health beliefs and this influence was clearer among older adolescents. The young women in this study were mature enough to understand why parents want them to perform certain behaviours such as Pap smear screening (Lau, Quadrel, & Hartman, 1990). Thus, in this study it was within the family environment that young women learned the importance of preventive health practices (H. Taylor, 2003).

The profession in which the mothers worked also emerged as having an impact on their daughter's Pap smear screening behaviour.

I guess because she's a nurse - always been open about, like sexual health you know..., but definitely an influence. (PC)

Another young woman also mentioned that the importance she placed on Pap smear screening was as a result of her mother's occupation:

My mother's ...worked in women's health all her life so she's always like drilled into me from a young age the importance of this [Pap smears]... (PD)

Additionally, another young woman stated that the discussion's she has had on this topic was a direct result of her mother's occupation:

My mum (who is a nurse) just mentioned it to me. My mum and I are quite open in our dialogue with health issues and....she told me when I was a teenager that...I would need a Pap smear eventually. (PB)

Therefore, young women acquire a great deal of their information on Pap smear screening from discussion with their mothers. In many cases, mothers are the first sources of information about reproductive health for young women (H. Taylor, 2003) and this is an

important finding in terms of strategies for Health Promoters to increase participation rates in Pap smear screening among young adult women.

A mother can also have an influence on her daughter's participation in Pap smear screening as a result of personal experience with cancer. One of the participants in this study (PE), below, declared that her decision to have a Pap smear screen was as a direct result of her mother having cancer. She believed that in order to minimize her risk of getting cancer she must have all the necessary health screens:

Well I had a list of things that I needed to do and sat down one day and do it so I called, I think I just made the decision because of what happened to mum and I was like right well I'll just go and get tested for everything... (PE)

4.5.1.2 Peers' influence

Data from this study suggest that peers have a strong influence on young women's participation in Pap smear screening. The discussions that young women have with their peers on this topic appear to act as reminders or triggers to participation in Pap smear screening. The following two quotes demonstrate the importance of peer discussion:

Friends would be the one big reason [for reminding me to have a Pap smear screen] and then, like I said, I'm pretty aware of it, so I'm like it's been a couple years or whatever but definitely friends that trigger off those thoughts [to have a Pap smear]. (PA)

I guess discussions with them [peers] led to me getting my first one [Pap smear] which was two years ago so I'm due another one pretty much now. (PC)

The conversations that young women have with their peers enables them to create an image of what the experience will be like (H. Taylor, 2003). Young women can learn from each other about Pap smear screening due to the discussions of their Pap smear experiences with others. Because they are going through similar life experiences they are able to discuss this topic without the fear of discrimination or judgment (H. Taylor, 2003).

The young women in this study also highlighted the importance of having peers participate in Pap smear screening. Peer participation gives young women the sense that there is nothing to worry about and that it is an acceptable health screen in which all women need to participate. For example one young woman stated:

...Having all my friends gone before me like you know, they had their's [Pap smear] so, so I kind of went "it's no big deal"... (PC)

In addition, as can be seen from Participant (PC), below, the discussion this participant had with her friend, who recently had a Pap smear screen, assisted her in having her first Pap smear screen:

...I know there was a lot of discussion with my sister and friends before having one [Pap smear]. One of my closest friends had just had one here [Quarry Health Centre] as well - she comes here, ...so we obviously talked about it... and whatever fears I did have..., that [discussion] kind of eased my mind and like "go and get it done" whatever, ... [that] was their [friends] kind of attitude... And then it was, it was fine, it was not, not an issue... (PC)

Data from this study also suggest that peers encourage other young women to participate in Pap smear screening. They seem to inform one another about participating in Pap smear screening as was demonstrated in the following quote:

In a waywe encourage each other to do it [Pap smear]..... not personally but somehow just like "Go, I've had mine" or "I've had mine" or we all seem to be kind of informing each other about these things... (PC)

As discussed previously, Mosavel and El-Shaarawi's (2007) work on cervical cancer knowledge of Latina and African American adolescent girls from low income and urban neighbourhoods supports this finding. They identified in their analysis that cancer knowledge was gained informally through communication within social networks. The conclusion drawn from this finding was that health promotion interventions need to take into account the way in which health knowledge is constructed and communicated among informal networks.

Additionally, one young woman interviewed was 'peer pressured' into participating in Pap smear screening and this was ultimately how her decision was made to have her first Pap smear screen:

It [Pap smear screening] just was never really an issue for me I just put it off [Pap smear] until everyone was like "yep you got to go and get it done", so I did. (PE)

Young women also discussed the influence of their peers returning an abnormal Pap smear result on their awareness of participation in Pap smear screening:

My friend that's had the abnormal [Pap smear] result I think that really impacted, because that wasonly about six months ago that, that happened to her, so just got round and did it one day. (PE)

Cos two of my friends have had lots of problems with their cells [abnormal result] and their Pap smears one of them had to get one done like once every four months so I knew what it was about... (PG)

Participant (PH), as can be seen below, revealed the influence of knowing people who have experienced cervical cancer which highlighted the importance of participation in Pap smear screening for her:

I still like to get it done [Pap smear screening] and still have to no matter how bad it is, (just) to check whether I've got cervical cancer or not.... I've known a couple of people that have had cervical cancers so that's ...[what] you're gonna get if you don't [have a Pap smear]. (PH)

4.5.2 Education

There are three fundamental dimensions within the theme of education. These dimensions are 'advertising', 'secondary education' and 'opportunistic'. 'Advertising' refers to the medium in which young women receive information on Pap smear screening and 'secondary education' refers to the introduction of the concept of Pap smear screening

during classes at secondary school. 'Opportunism' refers to health professionals being proactive in introducing the concept of Pap smear screening to young women.

4.5.2.1 Advertising

Advertising was a medium through which young women received information concerning Pap smear screening. Even though the majority of participants have seen some form of advertising on Pap smear screening, the young women in this study believed it was not targeted at them. The young women had the impression that promotion of Pap smear screening was focused on older women which led them to initially assume that Pap smear screening was not applicable to them.

I remember from when I was younger I always had the impression a Pap smear were (sic) for older women for some reason. I guess that's not true at all, and so maybe something that's gonna put a younger face to it [will] make them [younger women] realize it's an issue for them and a necessity and not particularly scary... (PC)

Another young woman expressed her concern as:

There's not much [advertising] targeted at health for young people - it's usually middle age and above. (PG)

The young women in this study identified a number of ways in which to make advertising on Pap smear screening more relevant to younger women as well as to raise the awareness of screening to all women. One suggestion was to make more explicit the connection between having a Pap smear screen and preventing cervical cancer. For example one young woman stated:

Have a Pap smear to check for cervical cancer, putting it hand in hand I think, instead of saying cervical cancer is really bad and then saying have a Pap smear, they [Health Promoters] just need to merge that thought. (PA)

The majority of young women who participated in this study also acknowledged women's magazines as the main avenue of advertising for Pap smear screening. As can be seen from Participant (PA), below, women's magazines appear to present numerous articles on cervical cancer. Even so, this participant still believes the association of Pap smear screening and the prevention of cervical cancer is still not clear:

...You know I've seen it [Pap smears] in a few magazines. They've had heaps of articles about cervical cancer but still, at the same time, I never really think the association is made between cervical cancer [prevention] and Pap smears so much. (PA)

Another young woman stated that the reason behind a number of her discussions of Pap smear experiences was the reading of articles in women's magazines:

I think these things are openly discussed in women's magazines, so that's probably had an influence [on discussions of Pap smears]...these things [Pap smears] get discussed amongst women ...that's probably where the source of information is coming from, yeah, women's magazines. (PC)

Additionally, another young woman declared that articles in magazines were a good medium for women to learn about Pap smear screening:

I mean there is some [articles] in like umm, magazines..., which is good. They have like umm, women saying "yeah you should have a Pap smear". (PF)

4.5.2.2 Secondary education

Secondary education was highlighted by young women in this study as a main avenue to raise awareness of participation in Pap smear screening. The majority of participants believed that the topic of Pap smear screening should be introduced during the secondary school years in order to make younger girls aware of their future participation in the screening. Participant (PB) considers that there are potential benefits to introducing Pap smear screening at a younger age as girls are more likely to accept their future participation in Pap smear screening if the concept is introduced earlier.

I don't remember Pap smears being ever mentioned (at high school) umm, its probably because it's mainly on menstruation and this was, you know, contraceptive pill and all the rest of it. So maybe if that concept is introduced earlier they [young women] might be more likely, even if it takes four, six, eight years to then get them to have the Pap smear at least that concept's already there that umm, this is menstruation and it's normal, this is a Pap smear and it's normal, there you know, there's no big jump, kind of thing. It's not suddenly like "oh you're meant to have a Pap smear" you know when they're 18 and they've already been sexually active for three years and they think they're bad because they haven't known this information. (PB)

The sentiments expressed by Participant (PB) are echoed in the literature. In Burak and Meyer's (1997) study of gynecological beliefs and behaviours of college women, they found that only 40% of the women had learned about Pap smear screens in their sexuality education classes. In addition, Taylor's (2003) work on identifying and describing the social processes that influence young women to make a decision about having a Pap smear screen, identified secondary schools as an important place to hear about reproductive health. Secondary schools provide an opportunity for female adolescents to add to their knowledge about sexual health. Even though this was the case, participants in Taylor's (2003) study indicated that the information they received on sexual health and Pap smear screening was inadequate for their needs.

The young women who participated in this study also suggested that Pap smear screening education in secondary schools was warranted because of their assumption that female adolescents were having sexual intercourse at younger ages.

So education in school, that kind of thing and making that happen from a young age like from teens, from let's say 15, maybe not 13, 14 but I think definitely once you're in year 10, it's undeniable people that age are having sex or 16 even that it needs to start happening then as far as education goes... (PC)

Hence, they need to be made aware earlier of participation in Pap smear screening as it is recommended a woman's first Pap smear screen takes place two years after first sexual intercourse or at age 18, whichever is later. Other young women stated:

Yeah definitely in schools they should talk, about it [Pap smears] and cos a lot of... girls are probably already (sexually active). (PF)

Yep, definitely, I'd say around 14, you should know, cos I don't really know what age kids are becoming sexually active like you should have knowledge on it [Pap smear] before you do. (PG)

Additionally, the young women in this study saw another advantage of introducing Pap smear screening during girls' secondary education: they believe it would enable young women to prepare and accept their participation in Pap smear screening. For example, one participant stated:

Building that idea from a young age I think helps prepare you for the time you actually, you know need to have your first one [Pap smear], yeah umm, if you only just found out about it and you're having to do it, it's completely alien to you... (PD)

Furthermore, the introduction of Pap smear screening to female adolescents during their secondary school years may be the only avenue some individuals have to learn about Pap smear screening. Some young women may never be exposed to the idea of having a Pap smear screen through their family or friends, so what they learn during their years of secondary education has a vital role in disseminating knowledge and promoting awareness.

Not everyone has a [Pap smear], you know outside school [it's] not guaranteed that their mum or friends will inform them [about Pap smears] so a school could go out and say "Right we're gonna get everyone here [and tell them about Pap smears]". Cos everyone goes to school... (PF)

Having comprehensive health and sexuality education based on the needs of the adolescent, will provide opportunities for all adolescents to improve health, prevent disease and reduce health related risk behaviours (Burak & Meyer, 1998). Since adolescents are engaging in sexual behaviour at younger ages (Burak & Meyer, 1998), it is important that information about sexually transmitted infections and prevention is introduced early and is continually reinforced throughout the school years. Overall, effective health and sexuality

education would provide adolescents with the information and the skills they need to practice prevention (Burak & Meyer, 1998).

4.5.2.3 Opportunism

Health professionals being opportunistic and informing young women about participating in Pap smear screening was seen as an important avenue to educate young women about Pap smear screening. Young women saw the value in health professionals talking about Pap smear screening during consultations as this would raise their awareness of participation in the screening.

Maybe just when they [young women] go to the doctor, if the doctor mentions it [Pap smears] and just... tells them why it is important to have a Pap smear done.... if the doctor sees that they're like 16 to 18, I guess even younger cos I think girls are having sex a lot younger these days, just saying letting them know to have one. (PH)

It appeared the young women in this study were more likely to participate in Pap smear screening if the health professional brought it up during consultations as this gave them time to process the information given to them, normalize screening, and plan for their participation.

It [Pap smear] should be something that doctors mention, you know, like a regular GP... within the age of ...16, 17 should start like you know, popping it up in conversation.... and sort of, getting your mind adjusted to the fact that you might need to have one [Pap smear] in a year or so, so you sort of have that year of you know acceptance, I found that helped me... (PD)

Other young women in this study spoke about being more willing to have screening if their health professional was proactive in discussing it with them and clarifying its importance. For example, one young woman expressed:

If the [health professionals] bring it up first you're more likely to go "yeah I guess I should have one" [Pap smear], especially if they're quite action orientated like the lady here she said "ok let's go book one now" kind of thing, "well let's book you in for next week". I don't think I would have done it [Pap smear] if she hadn't said "come on let's just book it in now while you're here". She said "Don't forget to have one", then I probably wouldn't have gone and done it [Pap smear]...I'm a bit lazy in that sense I suppose. (PH)

Young women also highlighted the importance of health professionals suggesting having a Pap smear screening during consultations even though they may be attending for unrelated reasons with one young woman in this study availing herself of the screening immediately after her health professional suggested it:

I was getting examined for something else at the time they [health professional] just suggested that I have a Pap smear at the same time and so I just consented to it and yeah they just went on ahead and did it... (PG)

The literature highlights that one of the main reasons young women are non compliant with Pap smear screening is due to the lack of recommendation by health professionals. Najem, Batuman and Smith's (1996) work on Pap smear screen status of adolescent girls aged 13 to 20 years, identified that for two thirds of the sexually active adolescents in their sample, health professionals did not recommend Pap smear screening. As a result, the main reason that the adolescent girls did not have a Pap smear screen was due to the fact that the health professional did not recommend the Pap smear screen for them.

Research undertaken by Kahn, Emans and Goodman (2001) to devise a scale to measure communication with a health professional regarding Pap smear screening also supports the findings of this current study. If a health professional does recommend the young woman have a Pap smear screen then the health professional is perceived to be communicating well. Hence, good perceived provider-consumer communication regarding Pap smear screening has a positive impact on young women's intention to return for screening.

4.6 Being comfortable

Being comfortable was a pivotal multidimensional theme to emerge from the analysis of the data in this study. This theme refers to the importance young women placed on feeling comfortable when accessing and having a Pap smear screen. The theme encompasses four different dimensions which impact on young women's comfort level during Pap smear screening. These were as follows: 'private health issue', 'accessing a youth sexual health service', 'rapport' and 'gender of health professional'.

4.6.1 Private health issue

Pap smear screening was perceived by seven of the eight young women who participated in this study to be a private health issue. One of the reasons it was seen as such was due to the intrusive nature of the screen itself.

I guess its [Pap smear] an intrusive procedure and that is definitely an issue for a lot of people and perhaps probably for me... (PC)

As a result, the young women in this study placed great importance on being comfortable during a Pap smear screen as the intrusive nature of the Pap smear screen has the potential to cause young women embarrassment (see also Harokopos & McDermott, 1996).

- It's just ...it's [Pap smear] sort of like I said intrusive cos it's sort of an embarrassing area. (PA)

The screen is considered intrusive because it examines an intimate part of the young woman's body – her genital area. Many young women in this study would only show that part of her body to individuals who were close to her and those with whom she felt comfortable. As can be seen from Participant (PD), below, it was difficult to allow a complete stranger to look at that part of her body especially when she had only been sexually active for a short period of time:

I think it's [a vagina's] a very intimate thing, especially you know when you've only been sexually active, you know for a very short amount of time, so you've only shown that sort of side to you to someone that's really close to you and now having to show it to a complete stranger in sort of a clinical environment it's you know, it's hard to get your head round at first... (PD)

Another young woman expressed her concern of participating in a Pap smear screen:

They're your private parts and you don't really want anyone else to be shoving stuff up there. (PE)

4.6.2 Accessing a youth sexual health service

Six of the eight young women who participated in this study felt comfortable accessing youth sexual health services because they cater specifically for young people, have a relaxing and safe environment, are focused on sexual health and the health professionals do not rush consultations. They acknowledged sexual health services such as Quarry Health Centre as being the most appropriate for young women because, compared to a general practice setting, the environment would make them feel comfortable about having a Pap smear screen. This is exemplified by Participant (PG):

It's [Quarry Health Centre] for under 25's. I feel like it's more a relaxing environment and they know how to deal with young people rather than with a sterile GP's office. (PG)

Participant (PD) agreed with this point but also felt that youth sexual health services could relate more to young people and to the concerns and issues they have concerning their sexual health:

You have these great services out there that are really catered to young people and really make an effort to you know try and understand where you're coming from and make your whole experience more comfortable. (PD)

The young women also felt more comfortable about accessing youth sexual health services rather than a typical general practice because they realized that these centres dealt with sexual health issues on a daily basis. For example one young woman stated:

I think sexual health centres are probably more versed in sexual health matters rather than your GP... (PG)

Due to this recognition the young women in this study felt reassured about accessing those services for Pap smear screening as was the case for this young woman:

I guess it was a little bit more reassuring knowing that that's kind of more like what they deal with rather than just being a broad doctor... (PE)

By attending youth sexual health services for Pap smear screening the young women also felt they experienced a more tolerant environment as the staff would know that people would have attended those services for sexual health reasons. This sentiment was illustrated by Participant (PH), who outlines why she felt there was an accommodating atmosphere when accessing a youth sexual health service to have a Pap smear screen:

It's just very accepting culture I guess and yeah, it seems like everyone, that's what everyone here comes for - like sexual related things. And just yeah, and it's free as well - that helps being a student. So yeah, then you feel like you can ask all questions about it [Pap smears] and I guess also you're not really rushed. I feel like when you go to the doctor's they're always trying to rush you along, I think, especially when you go to just for any general things you can't really say "Oh, by the way can I have a Pap smear?" or something like that it's a bit, it seems a bit out of context. (PH)

Thus, youth sexual health services were seen as the most appropriate health services for young women to have a Pap smear screen. The young women in this study felt more comfortable about accessing those services because they felt safe in the environment. Three of the participants in this study mentioned that having to wait in a waiting room was a barrier to having a Pap smear screen but if the clinical environment was more relevant to young people and made them feel safe then they were more likely to have the Pap smear screen.

Everyone there was nice and it was all, you could tell it was decked out for young people umm, so everything suited to people that were going there so you kind of felt safe in the environment. (PE)

4.6.3 Rapport

All of the eight participants in this study identified rapport with the health professional as an important factor in determining whether they felt comfortable having a Pap smear screen. They saw a benefit in establishing a relationship with the health professional before having the Pap smear screen because it was a private area of the female body that would be examined. As Taylor (2003) notes, women are more likely to visit a health professional where a trusting relationship has been established. Taylor's observations are reflected in the following quote:

I think if I was jumping around a lot you sort of, you want to get to know a person [GP] before you're doing something that intimate and yeah, I think that's definitely helped having the same person [GP] throughout. (PB)

Another young woman felt there was an advantage of meeting the health professional previously before participating in Pap smear screening:

Yeah, it was really only one visit beforehand but that rapport was substantial enough to you know make all the difference because she [GP] knew me, she knew that, you know, I'd only been sexually active you know for a year and she knew that I'd already had a [STI] test. (PD)

Rapport was also associated with the communication between the health professional and the young woman. Young women reported the significance of having conversations before the Pap smear screen was performed. This allowed them the opportunity to voice their concerns or questions they may have about the Pap smear screen before it took place:

Talk about why it's [Pap smear] important or you know, their thoughts on the matter, try and get a bit of a understanding, like a little bit more, you know, as much as you can build that rapport within the time that you have, so you show that you care, so show that, like, professional care. (PD)

Another young woman felt that having a conversation before the Pap smear screen took place would give the health professional an insight in to how that young woman felt about the Pap smear screen and thus, would be more inclined to approach the situation accordingly:

These kind of issues, just sensitivity and understanding and making that person feel like they're not the only person that this is [Pap smear] you know happening to [is important]... (PC)

The work by Kahn, Emans and Goodman (2001) on devising a scale to measure communication with a health professional regarding Pap smear screening supports this finding. In their literature review Kahn, Emans and Goodman (2001) identified three essential goals of communication between health care providers and patients. First, a good interpersonal relationship must exist between both parties and must be characterized by empathy and mutual trust. Second, there must be a mutual exchange of information between the provider and the patient and last, both parties must be involved in making decisions concerning medical outcomes. Therefore, provider-patient communication can positively influence patient behaviour and health status.

Furthermore, five participants in this study also cited the importance of having conversations on topics unrelated to the Pap smear screen. This appeared to ease their anxiety about having the Pap smear screen because their focus was not on what was happening when the Pap smear screen was performed. The following three quotes demonstrate the usefulness of having conversations during Pap smear screening:

We continue to have a conversation about other stuff umm, more recently obviously I talk about my travels... I think she realises that's how to take my mind off it [Pap smear] to talk about something else and... she's quite happy to do that... (PB)

I wasn't really focused on the actual [Pap smear] test it was more just about the conversation we were having umm, while it [Pap smear] was going on...I suppose if you can relate to them, like we had a bit of a conversation first, that was good. I think it gets your mind off the topic... (PE)

She just kept on talking and...even just talking you through it [Pap smear] and talking about other things as well just to make you feel comfortable. So that was good. (PH)

4.6.4 Gender of health professional

For the young women in this study, the gender of their health professional was an important consideration in undertaking Pap smear screening. Of the eight young women who participated in this study, seven believed having a female health professional was imperative in determining whether they would feel comfortable having a Pap smear screen. They suggested it was easier to develop a relationship with their health professional if that professional was female because they assumed she would have participated in a Pap smear screen and understood what they would experience during a screening.

They've been through it [Pap smear] themselves and know what you're feeling.
(PF)

Participant (PD), below, explained this as a mutual understanding existing between herself and her female health professional. As a result, she felt more at ease about having the Pap smear screen:

I guess cos if it's a woman you feel like....they would know how it [Pap smear] feels, you feel like they would umm, you know they've been through it before, you can, sort of feel like you can relate to it.In modesty, I mean ... you know having yourself exposed isn't so much the issue with I think your own sex. (PD)

The same can not be said for the young women's perceptions of male health professionals. The young women in this study found it difficult to understand how a male could relate to a Pap smear experience and what they are likely to go through during a screening since they do not participate in a Pap smear screen themselves.

There's not the familiarity with a male as there is the woman as far as them understanding exactly what it [Pap smear] is... (PC)

Hence, that sense of familiarity did not exist between the young women in this study and male health professionals.

The literature is unequivocal regarding the importance many women place on having another woman provide their Pap smear screen. In their study on assessing women's knowledge of cervical screening and cervical cancer and how this accounts for non attendance at cervical screening clinics Neilson and Jones (1998), found that of their sample of 72 women aged 20 to 60 years, 64% identified the preference for the Pap smear screen to be performed by a female. This preference was governed by one fundamental factor which was also evident in the talk of the women in this study: that a woman would know how a Pap smear screen would feel and would, therefore, be more likely to understand what women are feeling during a Pap smear screen.

For the young women in this study, the relationship that developed between themselves and their health professional was important. One young woman believed her relationship with her female health professional was one of equality which she valued:

Having a female doctor, I don't know, they just seem to be on the same level cos they would have one [Pap smear] done before and they know what it kind of feels like I guess. (PH)

Male health professionals, on the other hand, were also not seen as approachable or tactful as female health professionals on sexual health matters nor did the young women in this study consider male health professionals took their views into consideration:

I went to a male doctor once who put me on the pill and he was a bit, was a bit odd, but I don't think, I don't know, probably not as tactful as female doctors. (PC)

Additionally, the young women were uneasy having such an intimate part of their body examined by a male:

I just think it would feel uncomfortable, I'd be nervous and to be so close there [genital area]. (PF)

Participant (PC) relates the importance the young women in this study placed on having a female health professional provide their Pap smear screen. This particular participant could not comprehend why some young women would make a decision to see a male health professional given that, for her, females are generally more attentive and focused on their patients:

Yeah, I would say that I find female doctors obviously more understanding umm... I don't know, so more understanding and focus on you... but just because why when you can go to a female doctor, like why bring a gender into it when you can just feel comfortable going to a female. (PC)

Participant (PE) concurred. She chose a female to perform her first Pap smear screen because she believed she would feel more comfortable as both she and the health professional had the same female characteristics and, as such, the health professional would understand the intimacy of the area being examined by the Pap smear screen:

Well I think females know their bits. I don't know I just felt more comfortable with someone looking at my body parts that are from my same gender umm, despite the fact that both genders, you know, are trained in doing this [Pap smear] thing but it's just more comfortable when it's your own gender doing it. (PE)

Indeed, some young women in this study suggested that they would probably not have a Pap smear screen if they did not have the option of it being provided by a female health professional.

I think I wouldn't feel comfortable, I probably wouldn't do it [Pap smear] if it was a male yes, to be honest. (PF)

The young women also suggested that they would delay screening if no female was available to provide it. For example, Participant (PE) delayed her Pap smear screen until

she found a female health professional as her family doctor was a male and she refused to see him for a Pap smear screen:

I have a male doctor as well so I didn't really want to go to him about it [Pap smear] and I guess I just kept putting it off... (PE)

Participant (PA) describes how she considers her first Pap smear experience, which was performed by a male health professional, as negative because he did not have the same empathy and patient skills as the young women perceive female health professionals to possess. Therefore, she was unaware and not prepared for what the Pap smear screen involved:

I was going on the pill for my skin and the doctor was an old man and just assumed it was for contraception, and so he said, "Oh I'll give you a Pap smear now," and didn't really talk to me about what it [Pap smear] was and started jamming things inside me. (PA)

These findings are mirrored in the work of Neilson and Jones (1998) who found that among their sample of 72 women aged 20 to 60 years, 36% of women perceived a male health professional performing a Pap smear screen as too embarrassing. Harokopos and McDermott (1996) found similar results with embarrassment being identified as a key emotional response by women to having a Pap smear screen performed by a male health professional.

The approach taken by the male health professional, as described by Participant (PA) above, is completely opposite to the experiences the young women in this study have had with female health professionals. The young women in this study stated that the manner in which female health professionals explained how a Pap smear screen is performed during a screening, made them feel more comfortable about the experience. Participant (PD) explains her experience as follows:

The lady that umm, gave it [Pap smear] to me... I found her really, really welcoming and relieved. You know she helped me a lot. She got out the dummy and showed me exactly what's gonna happen and when she put, like the clamp in she run it under hot water and made sure it was like at a nice temperature, she was really, really good... (PD)

Participant (PE) had a similar experience:

We talked for about maybe 15 minutes before we actually had the [Pap smear] test, and she pulled out a little diagram thing and showed me the instruments that she was going to use and explained, you know, you can put the tools in yourself and she went through absolutely everything. So I think that helps to calm you down. (PE)

Therefore, the young women in this study were more willing to participate in Pap smear screening if they had a female health professional to perform the screen as they felt more comfortable with someone of the same gender.

CHAPTER FIVE Conclusion and Recommendations

5.1 Conclusion

Pap smear screening, the mainstay in the prevention of cervical cancer in women, is used to detect abnormalities within the cervical cells and to ensure those changes do not progress to cervical cancer. As such, it is recommended that all sexually active women aged 18 to 70 years be screened every two years. This interval of screening may be more frequent based on the results from the Pap smear screen.

The Pap smear experiences of young women is a relatively under-researched area in women's health. While much of the research to date has demonstrated the effectiveness of Pap smear screening and focused on the barriers women face when contemplating a Pap smear screen, this research study has examined the Pap smear experiences of young women, particularly as they progress from contemplating having a Pap smear screen to participating in the Pap smear screen itself.

The research presented in this paper adds to the existing literature on Pap smear screening for young women in two important ways. First, it provides an insight into what inhibits and facilitates young women to progress from thinking about having a Pap smear screen to participating in the screening itself. Apprehension inhibited young women's participation in Pap smear screening due to the feeling of discomfort, hesitation, ignorance of Pap smear screening and their maturity. The gender of the health professional acted as an inhibitor because the young women in this study would not participate in a Pap smear screen if a male health professional was to perform the screen. The health service accessed also impacted on young women's willingness to participate in Pap smear screening as well as the view of the Pap smear screen being a private health issue. On the other hand, informal female networks such as the young women's relationships with their mothers and peers, by having a female health professional and establishing rapport with the health professional were all factors in enabling young women to participate in Pap smear screening.

In addition, the findings explicate that for young women to participate in Pap smear screening they must have an awareness of the need to have a Pap smear screen and suggest that the first Pap smear experience will impact on future screening behaviour. The young women's first Pap smear screen and whether they viewed it as being a positive or negative experience was pivotal in determining whether they would attend future screening. Second, it highlights the important nature of the relationships between health professionals and the young women, young women and their informal female networks and the potential both relationships have to mediate against young women's negative experiences of Pap smear screening. The relationship young women establish with the health professional that will perform the Pap smear screen and the influence mothers and peers have on young women's participation and awareness of Pap smear screening will impact on how young women view their Pap smear experiences.

Gaining a holistic understanding and examining the dimensions of young women's Pap smear experiences, and understanding the nature of relationships as mediating young women's participation in Pap smear screening provides Health Promoters with information on which to base potential campaign strategies and give direction on how to facilitate young women in moving from intention to action. As such, future research needs to investigate ways in which young women would be most receptive to information concerning Pap smear screening to facilitate participation in screening. Health Promoters could then convert this into strategies that will provide opportunities for young women to build their knowledge and awareness of participating in regular Pap smear screening.

5.2 Recommendations

From the findings in this study, three recommendations are made that could assist in raising the awareness of participation in Pap smear screening amongst women aged 18 to 25. The first recommendation is to undertake research focusing on the young women's informal female networks. Seven of the eight young women who participated in this study expressed that peers had a substantial influence on triggering and encouraging their participation in Pap smear screening. It became obvious that it is pivotal for future research

to examine and explore the informal female networks of young women in order to assist Health Promoters with devising and piloting strategies to promote Pap smear screening in this age group. This research would give Health Promoters the opportunity to develop campaign materials that would be relevant to young women and would take into consideration how those informal female networks shape their attitudes and views of Pap smear screening.

The second recommendation to improve Pap smear participation rates among young women is to enhance health professional education. This research identified that noncompliance among young women in Pap smear screening was due to a lack of health professional recommendation during consultations. Thus, there is a need for health professionals to be educated in ways in which to raise the awareness of participation in Pap smear screening to young women during consultations. Future research could explore the ways in which young women would prefer health professionals to engage in the topic of Pap smear screening during consultations. This would enable health professionals to be informed of the importance of introducing the concept of Pap smear screening to young women and how this could facilitate participation in screening. As a result young women would become more informed about Pap smear screening with regard to what it does, how it is performed, and raise their awareness of the importance of participation.

The final recommendation is to research the relationship young women have with their health professionals. The young women in this study attempted to establish some degree of rapport with the health professional before the Pap smear screen was performed. It is important to gain an understanding of young women's views of health professionals and their perception of their relationship with the health professional in order to identify how this impacts on young women's Pap smear participation rates. This could also guide health professional education by ensuring health professionals are aware and trained in strategies that will enable them to establish relationships with young women in order to facilitate Pap smear screening participation.

References

- Anderson, R., Haas, M., & Shanahan, M. (2008). The cost effectiveness of cervical screening in Australia: what is the impact of screening at different intervals or over a different age range? *Medical Journal of Australia*, 32(1), 43-52.
- Appleton, J. (1995). Analysing qualitative interview data: addressing issues of validity and reliability. *Journal of Advanced Nursing*, 22(5), 993-997.
- Australian Bureau of Statistics. (2004). Health related actions: how women care for their health.
- Australian Institute of Health and Welfare. (2007). *Cervical screening in Australia 2004-2005*. Canberra, NSW: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare. (2008). *Cervical screening in Australia 2005-2006*. Canberra, NSW: Australian Institute of Health and Welfare.
- Buga, G. (1998). Cervical cancer awareness and risk factors among female university students. *East African Medical Journal*, 75(7), 411-416.
- Burak, L., & Meyer, M. (1997). Using the health belief model to examine and predict college women's cervical cancer screening beliefs and behaviours. *Health Care for Women International*, 18(251-262).
- Burak, L., & Meyer, M. (1998). Factors influencing college women's gynecological screening behaviours and intentions. *Journal of Health Education*, 29(6), 365-370.
- Campbell, R., & Wasco, S. M. (2000). Feminist approaches to social science: epistemological and methodological tenets. *American Journal of Community Psychology*, 28(6), 773-791.
- Commonwealth Department of Health and Aged Care. (2000). *A decade of change: a report on Australia's National Cervical Screening Program*. Canberra, NSW: Commonwealth of Australia.
- Cuzick, J., Sasieni, P., & Singer, A. (1996). Risk factors for invasive cervix cancer in young women. *European Journal of Cancer*, 32(5), 836-841.
- Denscombe, M. (1998). *The good research guide for small-scale social research projects*. Philadelphia: Open University Press.

- Erlandson, D. A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing naturalistic inquiry: a guide to methods*. California, USA: Sage Publications.
- Ezzy, D. (2002). *Qualitative analysis: Practice and innovation*. Crows Nest, NSW: Allen and Unwin.
- Farnsworth, A., & Mitchell, H. S. (2003). Prevention of cervical cancer. *Medical Journal of Australia*, 178, 653-654.
- Fernbach, M. (2001). Young women's issues associated with pap tests: a qualitative study of Victorian women. *Health Promotion Journal of Australia*, 12(3), 254-257.
- Fisher, C., Hauck, Y., & Fenwick, J. (2006). How social context impacts on women's fears of childbirth: A Western Australian example. *Social Science and Medicine*, 63, 64-75.
- Foulks, M. (1998). The papanicolaou smear: its impact on the promotion of women's health. *Journal of Obstetric-Gynecologic and Neonatal Nursing*, 27, 367-373.
- Garland, S. (2003). Can we really beat cervical cancer? Vaccination has the potential to reduce the global burden of disease from genital HPV infection. *Medical Journal of Australia*, 178, 647-649.
- Glaser, B. (1978). *Theoretical Sensitivity*. Mill Valley, CA: Sociology Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: strategies for qualitative research*. Chicago: Aldine.
- Grbich, C. (1999). *Qualitative research in health: an introduction*. Sydney, NSW: Allen and Unwin.
- Hall, J. M., & Stevens, P. E. (1991). Rigor in feminist research. *Advances in Nursing Science*, 13(3), 16-29.
- Hansen, E. C. (2006). *Successful qualitative health research: a practical introduction*. Crows Nest, NSW: Allen and Unwin.
- Harokopos, V., & McDermott, R. (1996). Cervical cancer screening: benefits and barriers. *Journal of Health Education*, 27(6), 351-356.
- Hartikainen, J. (2001). The papanicolaou test: its utility and efficacy in cancer detection. *Contemporary Nurse*, 11, 45-49.

- Herbert, A., Holdsworth, G., & Kubba, A. A. (2008). Cervical screening: why young women should be encouraged to be screened. *Journal of Family Planning and Reproductive Health Care*, 34(1), 21-25.
- Hesse-Biber, S. N., & Leavy, P. (2006). *The practice of qualitative research*. California, USA: Sage Publications.
- Hesse-Biber, S. N., & Leavy, P. L. (2007). *Feminist research practice: a primer*. California: Sage Publications.
- Kahn, J., Emans, S., & Goodman, E. (2001). Measurement of young women's attitudes about communication with providers regarding papanicolaou smears. *Journal of Adolescent Health*, 29, 344-351.
- Kahn, J., Goodman, E., Huang, B., Slap, G., & Emans, S. (2003). Predictors of papanicolaou smear return in a hospital-based adolescent and young adult clinic. *Obstetrics and Gynecology*, 101(3), 490-499.
- Kitto, S., Chesters, J., & Grbich, C. (2008). Quality in qualitative research: criteria for authors and assessors in the submission and assessment of qualitative research articles for the Medical Journal of Australia. *Medical Journal of Australia*, 188(4), 243-246.
- Kvale, S. (1996). *Interviews: an introduction to qualitative research interviewing*. California, USA: Sage Publications.
- Lau, R. R., Quadrel, M. J., & Hartman, K. A. (1990). Development and change of young adults' preventive health beliefs and behaviour: influence from parents and peers. *Journal of Health and Social Behaviour*, 31(3), 240-259.
- Liamputtong Rice, P., & Ezzy, D. (1999). In-depth interviews. In *Qualitative Research Methods*. Melbourne, Victoria: Oxford University Press.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park: Sage Publications.
- Mays, N., & Pope, C. (2000). Qualitative research in health care: assessing quality in qualitative research. *British Medical Journal*, 320, 50-52.
- Mays, R., Zimet, G., Winston, Y., Kee, R., Dickes, J., & Su, L. (2000). Human papillomavirus, genital warts, pap smears and cervical cancer: knowledge and

- beliefs of adolescent and adult women. *Health Care for Women International*, 21, 361-374.
- Miles, M. B., & Huberman, A. M. (1994). *An expanded sourcebook: qualitative data analysis*. California, USA: Sage Publications.
- Mosavel, M., & El-Shaarawi, N. (2007). "I have never heard that one": Young girls' knowledge and perception of cervical cancer. *Journal of Health Communication*, 12, 707-719.
- Najem, G. R., Batuman, F., & Smith, A. M. (1996). Papanicolaou test status among inner-city adolescent girls. *American Journal of Preventive Medicine*, 12(6), 482-486
- National Cervical Screening Program. (2005). *Cervical screening essentials*. Retrieved January 29, 2007, from <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cv-info-kit>.
- Neilson, A., & Jones, R. (1998). Women's lay knowledge of cervical cancer/cervical screening: accounting for non-attendance at cervical screening clinics. *Journal of Advanced Nursing*, 28(3), 571-575.
- Oliver, P. (2003). *The Student's Guide to Research Ethics*. Philadelphia: Open University Press.
- Richards, L. (2005). *Handling qualitative data: a practical guide*. London: Sage Publications.
- Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: the art of hearing data*. California, USA: Sage Publications.
- Sandelowski, M. (1993). Rigor or rigor mortis: the problem of rigor in qualitative research revisited. *Advances in Nursing Science*, 16(2), 1-8.
- Sasieni, P., Adams, J., & Cuzick, J. (2003). Benefit of cervical screening at different stages: evidence from the UK audit of screening histories. *British Journal of Cancer*, 89(1), 88-93.
- Sharts Hopko, N. C. (2002). Assessing rigour in qualitative research. *Journal of the Association of Nurses in AIDS Care*, 13(4), 83-86.
- Sigsworth, J. (1995). Feminist research: it's relevance to nursing. *Journal of Advanced Nursing*, 25(5), 896-899.

- Skinner, S. R., Garland, S., Stanley, M. A., Pitts, M., & Quinn, M. (2008). Human papillomavirus vaccination for the prevention of cervical neoplasia: is it appropriate to vaccinate women older than 26? *Medical Journal of Australia*, 188(4), 238-242.
- Spencer, L., Ritchie, J., Lewis, J., & Dillon, L. (2003). *Quality in qualitative evaluation: a framework for assessing research evidence*. Canberra, New South Wales: Crown Copyright
- Taylor, H. (2003). *Taking care of yourself: a grounded theory study about how young women make a decision about having a papanicolau test*. Memorial University of Newfoundland, Canada.
- Taylor, S. J., & Bogdan, R. (1998). *Introduction to qualitative research methods: a guidebook and resource*. Toronto, Canada: John Wiley and Sons, Inc.
- Temple-Smith, M., & Gifford, S. (2005). *Sexual health: an Australian perspective*. Melbourne, Victoria: IP Communications.
- Thorogood, C. (2007). Module 6: Paradigms. In *RES 5102 Research Preparation: Qualitative Approaches*. Perth, WA: Edith Cowan University.
- Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48(4), 388-396.
- Williamson, K. (2006). Research in constructivist frameworks using ethnographic techniques. *Library Trends*, 55(1), 83-101.

Appendix A
Flyer



**Are you willing to talk about personal health
issues???**

**Are you female, 18-25 years of age, don't have
children, are not pregnant, live in WA and
willing to participate in a research study?**

*I am an honours student at Edith Cowan University. I
would like to interview young women between the ages
18 to 25 to find out about their Pap smear experiences.
The information obtained from this research may be
used to design strategies that will encourage young
women to have a Pap smear.*

There will be one 90 minute interview which will take place at Quarry Health Centre or an alternative convenient location and will be audio taped with your permission. Confidentiality and anonymity is assured.

If you are interested, please call Gemma Malatesta on

0439 439 711 or 9405 6762 for further information.

Appendix B

Information Sheet

Exploring the Pap smear experiences of women aged 18 to 25: moving from intention to action

Investigator: Gemma Malatesta (honours student)

The purpose of this study is to explore the experiences of women aged 18 to 25 in moving from intending to have a Pap smear to having a Pap smear. The information obtained from this study may be used to design strategies that will encourage young women to have a Pap smear.

You are invited to participate in this research study. Participation in this study is voluntary. If you choose to participate, you are free to withdraw at any time without giving a reason and with no negative consequences. You are also free to ask for any information which you consider may potentially identify you to be withdrawn from the study.

If you choose to participate in this research study you will be asked to participate in one interview that should take approximately 60-90 minutes. The interview will be audio taped and then the interview will be transcribed. You may stop the interview at anytime if you become uncomfortable and if you wish to withdraw from the study, you are free to do so.

Information obtained during this study, will be kept confidential by the researcher. This information will be kept in a locked filing cabinet and stored for five years according to regulations. Following this, the information will be destroyed in a secure manner. This study will be carried out in a manner conforming to the principles set out by the National Health and Medical Research Council and has been approved by the Human Research Ethics Sub Committee, of the Faculty of Computing Health and Science at Edith Cowan University.

There are no anticipated risks involved with this study. However, the nature of the interview may arouse emotional feelings associated with recalling Pap smear experiences.

If you do become distressed you can contact FPWA on 9227 6177 or call the sexual health helpline on 9227 6178. The only inconvenience to you by your participation in the study is the time needed for the interview. The results of this study may be of benefit to young women.

If you have any questions or require any further information about the research study, you can contact the investigator (9309 2486), or her supervisors Dr Colleen Fisher (6304 5639) or Ms Jill Darby (6304 5081).

Gemma Malatesta
Honours Student

Telephone: 08 9405 6762

Mobile: 0439 439 711

Email: gmalates@student.ecu.edu.au

Thank you for your participation

Appendix C
Consent Form

Exploring the Pap smear experiences of women aged 18 to 25: moving from intention to action

Investigator: Gemma Malatesta (honours student)

I acknowledge that I have been provided with a copy of the Information Sheet, explaining the research study.

I have read the information and been given the opportunity to ask questions. Any questions have been answered to my satisfaction.

I understand that participation in the research study will involve participation in an interview and the discussion will be audio taped and later transcribed. I further understand that I do not need to answer any question I do not feel comfortable discussing.

I have been told about the possible advantages and risks of taking part in the study and I understand what I am being asked to do.

I understand that the information provided by me will be kept confidential, will only be used for the purposes of this study and I will not be identified in any report or presentation of the results of this study. I understand that I am free to withdraw at any time, without explanation or penalty.

I agree to participate in this research study and for the data obtained to be published provided my name or other identifying information is not used.

.....

Name of Participant	Signature of Participant	Date
---------------------	--------------------------	------

.....

Name of Researcher	Signature of Researcher	Date
--------------------	-------------------------	------

- The Edith Cowan University Human Research Ethics Sub Committee, of the Faculty of Computing Health and Science has given ethics approval for this study.
- All study participants will be provided with a copy of the Information Sheet and Consent Form for their personal records

Appendix D
Interview Guide

Record

Date: _____

Time (24 hour): _____

Place: _____

Location: _____

Demographic Data

Pseudonym _____

Age (in years) _____

Education (highest level attained) _____

Employment/Student status _____

Interview Questions

- I'm interested in hearing about the circumstances in which young women participate in a Pap smear test. Please, in your own words describe to me your thoughts when you were thinking about having your Pap smear tests.

- Can you describe to me your feelings when you were thinking about having your Pap smear tests?

- Can you describe to me the experience/s you have had with Pap smear tests?

Health professional's role in Pap smear experience/s

- How they approach the situation
- Explanation of process: equipment used, offer a choice
- Gender
- Make experience/s comfortable: rapport, same person for each smear
- Approach to follow up results
- Duration of Pap smear
- Health service where Pap smear takes place

- Factors involved in a positive or negative experience/s
- Understanding of an abnormal result
- Reaction towards result
- Understanding of HPV: vaccines
- Approach participant employ during experience/s
- Impact on subsequent experiences

What do you know about Pap smears? (knowledge)

Did you have any preconceived ideas/assumptions of what Pap smears were?

How did these ideas/assumptions develop?

What understanding do you have of what they do?

What gets you thinking about having a Pap smear? (prompts)

- Can you tell me more about that?
- That's really interesting
- Can you tell me how you make the decision to have a Pap smear test
 - Significant events
 - Influenced by others
 - Peers and family influence
- Then what happened?
- Please continue
- Describe to me how you prepare yourself for a Pap smear test
 - Mentally, physically, emotionally
 - Where do you get the information
 - More aware of smears: approach
 - Openly discussed

- Go on
 - Can you tell me more?
- Did you encounter any barriers while

Thinking about having the Pap smear test
 Participating in the Pap smear test
 Barriers young women encounter
 Availability/accessibility of health services
 Awareness of health services

- Why do you think that?
- Can you tell me more?

At the end of interview

- Are there any other comments or thoughts you would like to share with me before we finish the interview?
- Is there anything you would like to add that I haven't asked you about?